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ABSTRACT

Little is known about the development and function of families in major Caribbean communities, an area composed of diverse ethnic and political groups, the majority of whom live on the edge of poverty. This edited book provides an interdisciplinary examination of Caribbean families, each chapter detailing studies dealing with family structures and intellectual, social, and clinical problems and their treatment. The articles are: (1) "Overview of Issues in Childhood Socialization in the Caribbean" (Hyacinth Evans and Rose Davies); (2) "Class, Race, and Gender Issues in Child Rearing in the Caribbean" (Elsa A. Leo-Rhynie); (3) "Family Socialization in an East Indian Village in Guyana: A Focus on Fathers" (Jaipaul L. Roopnarine and Others); (4) "Caribbean Fatherhood: Under-researched, Misunderstood" (Janet Brown, Arthur Newland, Patricia Anderson, and Barry Chevannes); (5) "The Idea of Childhood and Age of Sexual Maturity among Indians in Trinidad: A Sociohistorical Scrutiny" (Patricia Mohammed); (6) "The Status of Child Care Supports for Jamaican Families" (Kerida Scott-McDonald); (7) "Raising Children with Disabilities in the Caribbean" (Marigold J. Thorburn); (8) "The Impact of Parent-Child Socialization on the Development of Conduct Disorder in Jamaican Male Adolescents" (Claudette Crawford-Brown); (9) "Child Shifting: A Survival Strategy for Teenage Mothers" (Pauline A. Russell-Brown, Beverly Norville, and Cheryl Griffith); (10) "Issues of Reunification of Migrant West Indian Children in the United Kingdom" (Elaine Arnold); (11) "Mental Health Issues and Family Socialization in the Caribbean" (Jacqueline Sharpe); (12) "Clinical Practice with Caribbean Immigrant Families in the United States: The Intersection of Emigration, Immigration, Culture, and Race" (David A. Baptiste, Jr., Kenneth V. Hardy, and Laurie Lewis); and (13) "Toward an Integration: Diverse Issues in Examining Caribbean Families" (Jaipaul L. Roopnarine). Each article contains references. (KB)

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Caribbean Families:
Diversity Among Ethnic Groups

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Caribbean Families
Diversity Among Ethnic Groups

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Acknowledgments

Though born in Guyana, I had few opportunities during my training in the psychological sciences to discuss patterns of socialization among Caribbean families, much less study them. This state of affairs was rectified as I became more involved in discussions with West Indian immigrants in the New York City area and families in the Caribbean. Navin Sankat, Rohan Lutchman, Kenneth Parag, Denny Outar, "Slick", and the Ramlogan family provided encouragement and opportunities to observe firsthand the dynamics of East Indian family organization and functioning. My colleague Janet Brown and her family laid the groundwork and provided the much-needed institutional and societal link for me to get a glimpse of Jamaican family life. Priscilla Snell-White was instrumental in the initial discussions with the formulation of this volume and painstakingly read and re-read several chapters. Phyllis Joe and Deborah Banks in the Department of Child and Family Studies at Syracuse University dealt with the day-to-day transactions in bringing this volume to fruition. Janet Brown's staff at the Caribbean Child Development Centre at the University of the West Indies assisted in locating authors and in getting manuscripts to the editors. Without the moral and emotional support of Nancy Beth Riegraf, this volume would not have materialized. Finally, a lifelong gratitude to Dr. Motee Persaud who planted the "initial seeds" and helped me break out of the cycle of poverty.

—Jaipaul L. Roopnarine

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Preface

Caribbean Families: Diversity Among Ethnic Groups

I am pleased to present this volume in the Advances in Applied Developmental Psychology Series. Dr. Jaipaul Roopnarine and Janet Brown have organized a unique set of conceptual and empirical papers focusing on an area that is little understood by the majority of social scientists. In fact, I would venture to guess that the Caribbean is known more as a tropical paradise than as an area composed of diverse ethnic and political groups, the majority of whom live on the edge of poverty. These populations are described in this outstanding volume.

The uniqueness of this volume is due to its interdisciplinary examination of the development and function of families in major Caribbean communities. The geographic Caribbean includes many more societies than can be described in one volume. However, all of the countries share the common history that the indigenous cultures were decimated by the intrusion of the Europeans from the time of Columbus in 1492. In subsequent years, the major European colonial powers—Spain, Great Britain, France, and the Netherlands—sent their subjects to this "New World." They, in turn, imported slaves from Africa and indentured servants from a number of other countries, especially India. Over the years, these groups became the majority of the population. As these different populations developed over the past 500 years, different cultural forms evolved reflecting the culture of origin that encompassed different religious and social beliefs and customs. Today the Caribbean region reflects this polyglot history.

The various ethnic groups, however, did not necessarily settle in the same place. For example (as described in the foregoing chapters), more East Indians were brought to Trinidad, whereas the Africans were brought to Jamaica.

These slave and indentured groups were imported to serve the business interests of the ruling elite whose property was acquired by the various trading companies and their respective European governments. The result of this type of development was the initial creation of colonies controlled by whites, whereas the servant groups were part of the infrastructure of the economies. This, in turn, led to a two-tier society with the whites becoming the ruling class and the Africans and East Indians, the working class. Although with the passage of time, some members of the lower class, impoverished groups managed to move up in economic and social standing.

The researchers that have reported their work here were faced with some complex research problems, including the heterogeneity of the multiple generations functioning in their respective cultures with various degrees of intrinsic change and adaptation to new influences. This is illustrated by Roopnarine, Snell-White, Riegraph, Wolfsenberger, Hossain, and Mathur in their discussion of multigenerational East Indian fathers in Guyana. The intricacies of such accommodations are generic to each of the other societies in the region. The differences are in details.

Each of the chapters is self-contained, detailing studies which deal that family structures, and intellectual, social, and clinical problems and their treatment. Some are intervention studies, while others are more of a description of current social-educational states.

The issues noted in migration patterns are presented in some detail, revealing still another set of potential social family problems.

One unusual discussion that is not usually reported elsewhere, but is of potential interest to students studying the family, is the description and assessment of different family organizations and childrearing patterns. (See chapters 2, 7, 9.)

In spite of the litany of social problems prevalent in the Islands, after giving a summary of the issues, Roopnarine lays out a series of policy recommendations to deal with the social, political, and educational problems uncovered by this research.

Roopnarine and Brown have made an important contribution by creating this volume. It should prove to be a valuable documentation of Caribbean cultures. The psychological and sociological information presented here offers a rich source of information for broadening the knowledge base of social scientists interested in sociocultural family functioning.

—Irving E. Sigel

1

Overview of Issues in Childhood Socialization in the Caribbean*

Hyacinth Evans
Rose Davies

University of the West Indies

Socialization refers to the process whereby an individual learns the skills, attitudes, values, and dispositions to function competently in a particular society (see LeVine, 1988; Ogbu, 1993). The individual, as a result of this process, internalizes the norms and values of that society or community and accepts them as valid. Although the learning of skills for productive adult roles in society is an important part of the concept of socialization, more emphasis is usually placed on the learning of the values, norms, and attitudes that prepare people for their social roles (Ogbu, 1993). All

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[*] We wish to thank Professor Lilian Katz, Professor of Early Childhood Education, University of Illinois, Urbana, and Professor Jaipaul Roopnarine, Professor of Child Studies and Early Childhood Education, Syracuse University, for their comments on an earlier draft of this chapter.

societies have an interest in the socialization of the young, since this process, more than any other, influences the kind of society that it will become and assures or prohibits social and cultural continuity and stability (see Roopnarine & Carter, 1992). Socialization toward the desired or ideal mores and norms facilitates the creation of a civil society, and allows members to live satisfying and productive lives, in respectful relationships with one another.

Socialization is thus a very broad concept that involves the individual, the social processes by means of which the young person learns the agents in the society that intentionally or unintentionally influence the individual and her or his roles, and the attitudes, values, and norms that are learned or passed on to the young. The term *socialization* is a neutral one, connoting neither positive, desirable, or problematic outcomes. The ideal of any society is for all children to be socialized in positive ways; but under certain conditions, the outcomes of the socialization process can be negative and undesirable (Brown, 1984; Maccoby & Martin, 1983).

The study of socialization in a given society must make reference to the norms and values inherent in that society as well as to the norms for developmental processes derived from theories (ethno-theories) of child and adolescent development. Theories of child and family development guide us in our expectations of children's behavior at different stages of their development (e.g., Piaget, 1953). Research on child and adolescent development can help us understand the kinds of socialization processes that lead to successful development or to dysfunctional or undesirable outcomes. The norms and values of a given society represent some consensus on desirable social and cultural behaviors. However, since the norms and values of a society are continually being modified, the study of socialization must include an examination of the nature of these changes and the effect they may have on individual and group relationships.

It is generally agreed that the most important agents of socialization are the family, the school, the church, the peer group, and the media (see Bronfenbrenner, 1986). These social systems influence children's development in direct and indirect ways. Among the vast array of agents, the family is usually regarded as the most powerful socializing agent since it is the primary source of influence during the child's formative and impressionable years, and its influence is continuous over time. While this is also the case in the Caribbean, there is concern that in some communities, the family's primary role in the socialization process may be shifting. In some cases, because of family structure and the absence of parents or parent surrogates, as well as the lack of emphasis on guidance, supervision, or instruction of the young, peer groups and the immediate neighborhood or community may assume a more influential role in socialization than the family (see Leo-Rhynie, 1993). In considering the socializing influences on the young, one needs also to consider the influence of the society itself on modes of thinking, norms of behavior and conditions of life surrounding the young (Zahn-Waxler, & Chapman, Radke-Yarrow, 1983).

In this chapter we focus on the family and, to a lesser extent, the school, though we will also touch on the influence of the peer group and the society as a whole in considering the socialization of children in the Caribbean. In discussing each issue, we examine the implications for the individual and the society, in conjunction with the socializing process and the outcomes of specific modes of socialization. The issues posed derive from what research tells us about Caribbean family structure, child rearing practices, cultural beliefs about socialization, and gender roles and how these affect socialization and learning. Although there is a substantial body of work on Caribbean families, much of this research relates to low-income Afro-Caribbean families in the English-speaking Caribbean. Furthermore, most of this research has been conducted mainly in the larger islands such as Jamaica and Trinidad and Tobago, and in all likelihood they will not provide a complete picture of socialization in the Caribbean. Because of the diversity of Caribbean families, socialization in the Caribbean is more complex than can be understood from examining one ethnic group.

In studying the Caribbean family, researchers have employed a variety of techniques including interviews and surveys. We could not find any study that used observational methods, whether of the participant or the systematic variety. Consequently, what we know about child rearing practices and parent-child relations in the Caribbean is derived from self reports.

This chapter is organized around three sets of issues. The first section examines child rearing practices, child shifting and parental absence, gender roles, and recent changes in Caribbean society that may have implications for the socialization of children. Next, the day care, preschool, and school settings and the manner in which these institutions influence what children learn in them are considered. In the final section of the paper, we discuss areas for further research.

The Caribbean includes all countries in or bordering on the Caribbean Sea, English-, French-, Dutch- and Spanish-speaking islands as well as Guyana. The discussion in this chapter pertains to the English-speaking countries of approximately 5 million inhabitants, roughly one half of whom reside in Jamaica and Trinidad and Tobago. The population in most of these countries is of African or East Indian descent. In Trinidad and Tobago and Guyana, roughly half of the population is of East Indian descent.

SOCIALIZATION WITHIN THE FAMILY

The Family Within the Caribbean Context

The family is the basic unit of society. When it functions well and performs the socializing role adequately, society as a whole is more cohesive. When there is widespread malfunction, there are consequences for the individual and society. The process of socialization within the family varies according to the structure and composition of the immediate family. Among people of Afro-Caribbean background, there are roughly four types of family structures, each associated with socioeconomic and lifestyle variables, values, aspirations, and norms for interacting with and rearing children. We propose to use the following to refer to the various family or household groups that exist in the region: the marital union, the common-law union (where the parents live together without being legally married), the visiting union (where the mother still resides in her parents' house), and the single parent household. Between 30% and 50% of household heads in the Caribbean are female (Massiah, 1982). Powell (1986) acknowledges that about 60% of children grow up with both parents, while about 30% are reared by their mothers only. Parents often progress from a visiting union to a common-law union or a marriage union. Thus children born later to a parent or a couple are more likely to be reared in a two-parent household (Powell, 1986).

Among East Indians in Guyana, and Trinidad and Tobago, common-law and visiting unions are less common. In these two countries, with large East Indian populations, there are fewer households headed by women (22.4% in Guyana and 27.0% in Trinidad and Tobago) than in other countries. In Jamaica, for example, the percentage is 33.8, in Barbados it is 42.9, and in Grenada it is 45.3 (Massiah, 1982). East Indian women who head households are more likely to be widows than single mothers (Massiah, 1982). The vast majority of mothers—including married women—work for money (Massiah, 1982). One third of employed mothers are in domestic service, earning minimum wages in their respective countries (Senior, 1991). In Jamaica, 70% of the employed female labor force is in low-paying, low-skilled and marginal jobs (Massiah, 1982).

Most children in the Caribbean are born into conditions of poverty. Despite economic hardship, children are seen as desirable and are highly valued by all societies of the region. There is much status and value placed on the "mother role," and many beliefs propel young men and women into early childbearing long before they are economically, emotionally, or developmentally ready for parental responsibilities. In the main, childbearing is linked to the emergence of a strong self-image and a sense of womanhood that serves as a rite of passage (Durant-Gonzales. 1982). Thus, many children are conceived for the wrong reasons—for the purpose of enhancing the young man's or woman's self-image rather than on the psychological, physiological, and economic readiness to bear children. Within the region, 47 to 59% of mothers had their first child while they were still teenagers (Powell, 1986). In 1984, 28% of all live births in Jamaica were to young women 16 years of age and under (see Leo-Rhynie, 1993). We are only now beginning to understand the consequences of early childbearing on parents and children in the Caribbean.

Nevertheless, one must wonder what implications teenage childbearing may have for Caribbean parents and children. At the most general level, early pregnancy and the assumption of maternal responsibilities may prevent the young woman from fully developing a personal identity, feelings of self-worth, the ability to establish healthy relations with members of both sexes, the ability to develop socially responsible behavior, and the acquisition of a set of values and an ethical system that guides individual behavior. These outcomes are realized through interactions with others, through engagement in a variety of activities that allow for evaluation of self and others, and through guidance from mature individuals. Though early pregnancy may contribute to a feeling of positive self-worth and a strong self-image in the short term, it may have long-term negative effects on the process of socialization. Furthermore, early teenage pregnancy traps the young person into a cycle of child rearing, low-paying jobs, and poverty (Durant-Gonzalez, 1982). Some of the consequences for the child, such as child shifting and maternal deprivation, will be discussed in later sections.

Dominant Child Rearing Practices

As was discussed previously, children are highly valued throughout the Caribbean, and parents, in general, state that they want the best for their children. Embedded in this stance are certain cultural beliefs that influence child rearing practices and the socialization process. The biblical injunction not to "spare the rod and spoil the child" and the idea that children "should be seen and not heard" are adhered to by many Caribbean parents. Across socioeconomic groups, parents value a punitive, restrictive approach to discipline and child rearing. Obedience and docility are valued especially for girls (Brown, 1984; Payne, 1989). Girls are often kept within the home in order to protect them from potentially harmful boy-girl relationships. By contrast, the young boy is allowed, perhaps encouraged, to be independent, to learn the skills of survival, and to engage in boy-girl relations. Harsher corporal punishment is often meted out to boys, at home and at school. Paradoxically, such punishment may be a result of the independence boys display, or it may be a way of "toughening up" the boy as part of his survival skills.

Many parents use corporal punishment as a major form of discipline. Anecdotal accounts abound of severe punishment meted out for the slightest wrongdoing (see Brown, 1984; Senior, 1991; Sistren, 1986). This tendency to punish the child physically stems not only from the beliefs held about children, but from the very unrealistic expectations of behavior required of young children. Behaviors that may be normative for a certain age, but which displease a parent, can also be severely punished (Grant, 1981; Landmann, Grantham-McGregor, & Desai 1983; Wint 1987). It may also be a result of parents' ignorance of alternative ways of disciplining the child (Wint & Brown, 1988), or from the harsh conditions of poverty that make the parent (often a single parent) exhausted from physical labor, worried, and preoccupied with day-to-day survival.

In addition, many parents, some still teenagers, are ignorant about what is required for the optimal development of the child. Lacking specific goals for their child's development, they rarely engage in positive guidance and direction (Brodber, 1974; Grant, 1981). Parents often do not display the inclination during social commerce with children to use reasoning and explanations, modes of behavior that are critical to the child's understanding of the causes and consequences of behavior and the development of self-discipline and prosocial behavior (Harter, 1983; Maccoby & Martin, 1983).

What are the short-term and the long-term consequences of a punitive, power-assertive, or authoritarian approach to child rearing? Studies conducted in North America suggest a connection between punitive or power-assertive parenting and above-average levels of aggression in children (Lefkowitz, Eron & Walden, 1977; Maccoby & Martin, 1983), as well as low self-esteem and an external rather than an internal moral orientation (Harter, 1986). In the face of these findings, the implications of harsher forms of discipline for the development of prosocial behaviors, social competence, and academic achievement in school remain largely unexplored in the Caribbean psychological and sociological literature.

Apart from discipline, Caribbean parents' propensity to converse and reason with their children appears limited. In low-income homes, children have few opportunities for verbal exchange or extended conversation with the parent or guardian with whom they live, though they have ample opportunity to play and interact with their peers. A majority of parents and guardians converse with young children of basic school age only once or twice per week. Quite often, commands are used in communicating with the child, a tendency that was more evident in rural areas and not solely confined to low-income families (Grant, 1974). Middle-class parents also complain that children talk too much or ask too many questions, ignoring the value of such interchange for the development of language and the understanding of concepts. The absence of abundant opportunities for social conversations with adults raises some important questions: How does limited conversation, reasoning, and interaction with adults, especially one's parents, affect the development of internal self-regulation and discipline? What are the possibilities for changing class stratification and for minimizing the differences in social and academic competence that children have when they enter school?

Child Shifting and Mother Absence

Strongly embedded in Caribbean history and more characteristic of low-income Afro-Caribbean families, child shifting refers to a change in the child's residence or in his or her primary caregiver (Senior, 1991). The child is moved to a new residence and is forced to form new relationships with an existing family unit. Inextricably tied to child shifting is the problem of mother absence (where the mother or guardian moves and the child is cared for in some way by another person, not necessarily a relative). It is estimated that between 15 and 30% of children grow up with relatives or neighbors rather than with their parents. A mother may be unwilling or unable to care for her child or children for a variety of reasons. The child is very likely to be shifted when the mother is in a visiting union, and she has to migrate to a city or another country in search of work, leaving the child with a relative, friend, or neighbor. In some instances, when the mother forms a new visiting union and the child is not wanted, he or she is sent to live with relatives or friends. Sometimes, the mother willingly gives up the child in the hope that the child will have a better life.

The treatment accorded children who are shifted varies. When the child is accepted and made to feel a part of the new household, where some degree of stability exists, the child will most likely grow up with few negative effects. Brodber (1986) points out that such experiences are likely to produce individuals with the ability to relate to a wide range of persons and to adjust to new social situations. But many accounts exist to suggest that shifted children experience marginal, anxious and unstable lives. In some cases, children may be used for child labor (e.g. Senior, 1991; Sistren, 1986). Abandonment of the child is, as Brodber (1974) notes, the extreme form of child shifting.

What are the consequences of child shifting in those cases in which the child is not wanted or not treated equally with other children in the household? Such an experience may have different impacts at different points in the child's development. For example, the child may develop feelings of not being wanted, of anxiety, of loss, or of longing for the absent parent. It may be difficult for the child to develop trust, an important developmental task of the early childhood period (see Bowlby, 1969). The child may fail to develop self-confidence and self-esteem. How possible is it for the child under these circumstances to develop a healthy, well-rounded personality? Since the affective quality of the mother-child relationship influences the child's cognitive growth (Maccoby & Martin, 1983; Estrada & Arenio, 1987), what are the effects of child shifting on the child's learning in school?

When it occurs under less than optimal conditions, child shifting and the consequent shifting of residences and relationships may prevent children from forming bonds of attachment with a loving adult or parent surrogate. Research on attachment suggests that children need to know that their primary caregiver is steady, dependable, and always there for them (Ainsworth, 1962). Feelings of security and being cared for seem to enable autonomy in the child. With knowledge of a mother's availability, the child is willing to explore and take risks. Observational studies indicate that securely attached babies explore their environment while insecure attachment is associated with clinging and passivity (Main & Cassidy, 1986). Furthermore, securely attached toddlers later become more flexible, curious, socially competent, and self-reliant than insecurely attached toddlers (Karen, 1990).

The child is more likely to accept or internalize the values of the parent or parent surrogate and to develop prosocial behaviors when he/she has a warm supportive relationship with the parent or parent surrogate (Radke-Yarrow, et al 1983). Strong attachment means that the child has something important to lose as a result of violating the adult's expectations and wishes. *Weak attachment* means that there is little to lose by violating norms. In a recent study of the development of criminality in 70 Jamaican male adolescents, absence of the mother was the most powerful structural family factor associated with criminality. This was followed by frequency in changes in parental living arrangements and the existence of "negative parental role models," that is, parents or parent surrogates who model antisocial behaviors. These factors, combined with an association with peers inclined to criminality, affected the severity of criminal behavior (Crawford-Brown, 1993). Such evidence raises the question of the relationship between migration of the significant parent (usually the mother), personality development, and discipline, and the relationship between child shifting and aggression, delinquency, and violence. It also raises the question of the relationship between economic stability, the stability of families, and socialization of the young. These questions are particularly relevant to many societies in the region that are facing economic hardships and an alarming rise in delinquency and violence (see Leo-Rhynie, 1993).

Child shifting can also lead to a fairly widespread phenomenon in the Caribbean—the "outside child," which is a result of men and women having children with different partners, or "mate sharing." The outside child may be born to a single mother and a father who is already in a union, or the child may become an outside child when the father enters a new union. Brown (1993) has found that some men are quite willing to "sacrifice their outside children for the present union, because early children can become destabilizers of a later union." Outside children are therefore quite vulnerable. Such family situations can be confusing for children, and may affect the child's sense of security, belonging, and self-esteem.

Gender Role Learning

Parents play an important part in gender role learning, according to psychodynamic theory (e.g., Freud, 1965), social learning theory (Bandura, 1963), and structural-functional theory (e.g. Parsons & Bales, 1960). Regardless of the theoretical approach considered, children learn about gender through observing and being influenced by the behavior and interactions of their parents and other adults in their immediate surroundings. *Social learning theory* emphasizes the role of observation in learning about gender appropriate/inappropriate behavior. If children observe sex-typed behavior on a continuing basis, they begin to develop notions of what is and is not appropriate for each sex. Children also learn about sex-typed norms and expectations through direct instruction or by acquiring ideas from adult conversations and from the mass media.

The family household is an important context for gender role socialization. The evidence suggests that in two-parent families in the Caribbean, the man and woman are expected to perform different roles. The male role is conceived of primarily as an economic one. The woman, on the other hand, cares for the children and the home, and her role is that of a nurturer, even though she may also be a significant provider in the home (Brown, 1993; Senior, 1991). Men traditionally do not perform household tasks, which are relegated to female helpers or female members of the household. Since observational learning is an important process in gender role learning, boys and girls learn about gender differentiation from the roles their parents assume in the home and in the society at large.

Though children's involvement in domestic chores will vary according to social class and whether the setting is urban or rural, Caribbean boys and girls in all classes are assigned different tasks. Girls are expected to help with domestic chores in the kitchen and the rest of the house. Boys are assigned duties such as chopping wood or trimming the hedge, things that are done outside of the house and that are regarded as more appropriate for men. There is in fact, a stigma against boys performing domestic chores. In Jamaica, for example, there is a fear that boys will become, or be seen as, "sissies" if they are associated with domestic tasks. A result of this reluctance to have the male child involved in domestic chores is that boys are freed from these ongoing tasks in the home, and confine themselves to duties outside. Some feel that boys are pampered and catered to in the home (Senior, 1991).

What are the consequences of differential socialization of boys and girls—how they come to define themselves as persons? What are the consequences for girls' self-esteem? How do girls evaluate themselves in relation to males? It has been argued that the girl who carries out household tasks under unequal circumstances and who is thus accorded subordinate status in the household relative to the male is socialized to become unassertive, subservient to the male, and dependent (Moses cited in Senior, 1991). These outcomes may have long-term implications for equality between the sexes and for harmonious relations in school and in the workplace.

On the other hand, despite any feelings about unfairness that they may have, girls who carry out these household tasks on a daily basis learn many things that boys do not—a sense of responsibility, discipline, a sense of process in getting things done. Such qualities make girls more disposed to adjusting to the institutional requirements, such as those of the school. Because there are fewer opportunities for boys to learn these skills and dispositions, differential socialization may have implications for learning and performance in school, on the job, and in various societal roles. The concern is that boys are brought up to regard themselves as superior to girls, but girls are provided the experiences that make them in the long term more competent and more able to cope with the demands of life. The long-term consequence for gender inequality may be dysfunction for the male. The evidence from Jamaica indicates that girls outnumber boys in enrollment in high school, at the University of the West Indies at a ratio of 2:1, and the literacy rate for women is about 10 percentage points above that of men (Miller, 1991).

Within the single parent Afro-Caribbean family, there is evidence that fathers, though absent, play a significant role in the upbringing of children. Parenting appears to have much personal meaning for fathers, though there is wide variation in their understanding of the social and psychological aspects of fathering (Brown, 1993). Nevertheless, the young boy or girl in this type of household does not have an opportunity to observe directly male-female relationships, except in the media or community at large. The young boy does not have the opportunity to observe a father performing the role of father and husband, though he may observe other male models. In some communities, there are few such models. The young boy or girl does observe males in the media. The images portrayed in the media are usually stereotyped, with males interacting with females who are in dependent roles, or who are sex objects. If the father who is absent is also distant psychologically, then both boys and girls will form the image of a detached and irresponsible father. Such images, unless later altered, may affect male-female relations and the man's willingness to assume conjugal and fatherly responsibilities.

Recent Changes Within the Family

In recent years, there have been visible changes in family functioning in all socioeconomic groups, resulting in part from the harsh economic conditions facing the region. These changes have some implications for socialization. In the lower socioeconomic groups, some parents allow, or through their absence, free their children to engage in a variety of income-earning activities—from begging on the streets, doing odd jobs before or after school (or instead of going to school), and engaging in illegal activities. Other children live on the street. These children are frequently absent or late for school. They acquire, or are socialized into, the "values of the street"—survival and getting money and material goods at whatever cost. They are deprived of childhood and of the guidance, nurturing, caring, and love that children need. We have alluded to the possible effects of child shifting on the emotional and social development of the young child. During adolescence, such behavior can propel children into delinquency and criminality.

Across all socioeconomic groups, the extended family has become dispersed; as a consequence, its many roles in child rearing and child caring are changing or disappearing. Traditionally, community members, especially in rural areas, felt some responsibility for children in the community, and it was natural to discipline a child in the absence of the parents. Older members of the child's family were available to the young. They often lived in the same household and were emotionally accessible, so that the child experienced the influence of a range of individuals. Internal and external migration have changed this picture, and the child no longer benefits from this influence. Community members in general no longer display a sense of responsibility toward young people.

Adolescents in all socioeconomic groups are strongly influenced by their peers, who in some cases adhere to deviant values and beliefs. Many adolescents of the lower socioeconomic groups are attracted to gangs that espouse deviance and violence. These peer groups demand loyalty to the norms of the group. Adolescents, especially males, conform to these norms in the face of weak family structures and community influences. In Jamaica, male adolescents in poorer urban communities, where there are a limited number of role models, are strongly influenced by glamorous media stars and "dons," men who engage in criminal activity but who are also in a position to aid the community in material ways. Many of these male adolescents, who perceive that their social mobility is blocked because of poor educational opportunities and dismal employment opportunities, adopt such individuals as their role models, mimicking their lifestyle and values.

Among the middle classes, there is the increasing influence of "American [U.S.] culture," purveying values of materialism and individualism. These values are communicated by frequent visits of this group to the U.S. and through the media. They are adopted by a significant number of middle-class adolescents. Since peers exert influence on these young people, the parents' values can be undermined. Such values have traditionally included a belief in education, hard work, and respect for elders. Adherence to the values of the peer group can lead to conflict within the home, and to erosion of parental authority. In all classes, there is concern about a shift away from the value traditionally placed on education for social mobility and toward more ephemeral pursuits, and even illegal activities.

In recent years, most countries of the Caribbean have experienced economic decline and have implemented structural adjustment programs as a condition of receiving loans from the International Monetary Fund. These measures have had a severe impact on households, and in Jamaica and Trinidad have widened the earning gap between the rich and the poor (Boyd, 1988). Not only are households earning less, but less is being spent on social services, including education. Children who come to school at a disadvantage are now even more at a disadvantage, and increasingly, young people from the lower socioeconomic groups are failing or dropping out of school. With decreasing economic and job opportunities, a widening of the gap between the rich and the poor, and affluence and consumption available only to a few, these young people, especially boys who drop out of or fail in school, are at grave social risk. Unemployment among young people between the ages 14 and 19 is roughly 50% in some countries in the region. This social situation, coupled with the weakening family structure and community influence, as well as the absence of organized social activities for the young, makes it easy, especially for young males, to be inducted into antisocial activities such as crime.

Despite these conditions, which most young people in the Caribbean experience, there are features of life that can have positive effects on development. In small communities where there is a network of communication, young people can become more deeply involved in responsible roles and activities (Bronfenbrenner, Moen, & Garbarino, 1984). In such situations, young people learn responsibility by participating in or carrying out community projects. Challenge, responsibility, and the expectation of competence can provide a positive context for growth.

Many heads of household have learned the necessity of being self-sufficient, of surviving on minimum resources, and they often do this without complaint. This quality and approach to life has enabled the Caribbean family to endure a multitude of challenges. Finally, many Afro-Caribbean women faced with the demands of caring for their families have learned not only self-sufficiency but independence. Having experienced the travails of life as a working mother, often a single working mother, these qualities are encouraged in daughters.

SOCIALIZATION WITHIN THE SCHOOL AND DAY CARE SETTINGS

Next to the family, the school is the most powerful agent of socialization in society. Many young children under the age of 3 spend 3 to 8 hours per day in day care settings. Older children spend roughly 6 to 8 hours per day in school when they are most impressionable. Furthermore, the school or day care center has the power and authority to give rewards and punishments that reinforce rules, standards, and values. In many cases, young people develop some degree of affection, respect, or admiration for teachers and thus want to live up to teachers' expectations. Schools or day care centers socialize not only by means of the official curriculum or the manifest goals. They represent certain values and beliefs that teachers bring to the school setting. These form the basis for the rules, expectations, interactions, subject emphasis, and options that shape the young person's thinking and behavior. What children do in school or day care not only affects their academic achievement in the short term, it also influences important attitudes and dispositions for later life. For example, when children are exposed to tolerance, understanding, and cooperation, they learn about how to work with others, and to take others' abilities and feelings into account.

Day Care Settings

There is increasing demand for day care, as there is lessening emphasis on the extended family and more mothers of young children work outside the home. As noted earlier, a large percentage of heads of households in the Caribbean are single mothers (see Senior, 1991). An increasing number of parents in the middle classes—particularly young professional mothers—enroll their young children in day care centers because they recognize the social and educational benefits of early group care. The benefits of high-quality day care have been discussed in great detail elsewhere (e.g., Belsky, 1990; Phillips, McCartney, & Scarr, 1987). On average, children 2 to 4 years old who have spent time in good child care centers are more socially and intellectually advanced than those who have stayed at home (Clarke-Stewart, 1991). Invariably, good teacher-child ratios, developmentally appropriate curricula, and a warm, stimulating classroom environment enhance the child's socioemotional and cognitive development. Emphasis on academic tasks that require children to work alone copying or memorizing information may cause a child to lose interest in the continuing joy of learning (Katz & Chard, 1989).

Given the importance of day care provisions for the child's overall development, access to high-quality day care for all children is an important issue. The evidence suggests, however, that availability of day care is far below what is required, and access and quality differ by social class. Davies (1986), in a study of six Caribbean countries—Antigua, Dominica, Grenada, St. Christopher/Nevis, St. Lucia, and St. Vincent—found that only 19% of the eligible age group of children under 5 years had access to day care or preschool facilities. In Jamaica, the percentage is much lower (see McDonald, this volume). A situational analysis of children conducted in 1989 (UNICEF, 1991) and a more recent study by McDonald and Brown (1993) found that day care was available for only 6% of the 0 to 3 age cohort. All three studies point to the poor quality of the intellectual environment provided in many of these day care centers and the absence of a developmental program beyond mere custodial care. The facilities that cater to the middle class are more attractive, stimulating, and better equipped than those for children of lower socioeconomic groups. In the McDonald and Brown study, it was found that children in lower socioeconomic groups in general attend government-supported day care centers or informal private home-based services that are less well equipped and authoritarian in disciplinary techniques. Because of the high cost of privately-funded day care and the shortage of such services, most children from the lower socioeconomic groups do not have access to day care or preschool.

Thus, two very serious concerns emerge in the provision of child care in the Caribbean: the difference in the quality of care provided to different social classes, and differential access to these facilities. The provision of more and better child care for the middle classes may perpetuate and even widen the differences that exist at this age—differences in verbal ability, cognition, and knowledge of concepts, creativity with materials, and social competence.

Preschool Settings

The preschool program, otherwise referred to as kindergarten, nursery school, basic school, or infant school, caters to children between the ages of 3 and 6. For the majority of Caribbean children, it is their first experience in a school or day care setting. The emphasis at the preschool level ought to be on the development of desirable dispositions and an interest in learning, the development of social and communicative competence, and a readiness for later learning. Such readiness requires activities that develop skills of visual discrimination, visual motor coordination, figure-ground discrimination, and listening comprehension.

Preschools have generally received more attention from Caribbean governments than have day care services. Most governments have developed standards and have provided curriculum materials and staff training. However, the majority of preschool institutions are privately or community owned, and the problems that persistently affect the standard of operations of day care centers also affect preschools. The number of these facilities is still not sufficient for those eligible. Throughout the region, enrollments of 4 to 6 year-olds vary from 27% in Antigua to 52% in Guyana, 91% in Jamaica, and 100% in St. Lucia and Grenada (World Bank, 1993).

While access may vary within the region, the evidence suggests that the method of teaching—an important aspect of quality—is about the same in all countries of the region. Formal academic methods which require children to play a passive listening role during instruction predominate. Activities that enable children to interact among themselves and discuss matters of interest to them are rarely seen in classrooms. Instead, there is much drill and practice, copying and memorizing of information. Such methods are used, in part, because parents prefer them—in the mistaken belief that they ensure superior academic achievement. On the contrary, such drill and practice prevent the young child from engaging in more developmentally appropriate activities that foster curiosity, excitement for learning, problem solving skills, and the ability to work with others. Furthermore, teacher-centered approaches cannot compensate for or address the differences in knowledge and skills that children from different SES groups bring to school.

Although there is not much research on the effect of preschools, recent evidence on the readiness of Jamaican children for entry to first grade poses some questions. The results of the 1989 Readiness Inventory show that most children (68%) attained mastery of listening comprehension—a skill emphasized in formal programs of instruction—but only a minority did well on other skills, such as left to right coordination. More alarming, however, are the gender and class differences already evident at this level. Boys, on the average, performed 7 percentage points below girls, and children from the basic schools—the school of the masses—performed well below those attending private preparatory schools and kindergartens—

schools attended by the middle classes. The readiness index of children from prep schools was 74.2%, compared with 41.3% of children from the basic schools. What then are the possibilities for equality of educational opportunity and for decreasing the gap that exists between children from the different classes?

The School Setting

The term *school* refers to all private and public institutions at the primary and secondary levels that cater to students between the ages of 6 and 18. Access to the primary level is virtually universal within the region, though the quality of the education provided varies according to whether the school is urban or rural and, in some cases, whether it is privately or publicly supported. At the secondary level, however, few Caribbean countries have been able to provide free access to those who leave the primary school. Enrollment at this level varies from 60% in Guyana to 75% in Jamaica and 95% in Barbados. The quality of educational experiences vary depending on the type of school attended. Throughout the region, the majority of secondary school children are not enrolled in schools that culminate in the CXC or GCE examinations (World Bank, 1993). In Jamaica, for example, roughly 60% of students at the secondary level are not attending the much-valued traditional high schools, which prepare students for the CXC or the GCE examinations.

Education at the primary level is intended to develop basic literacy and numeracy, dispositions such as interest in learning and caring for the well-being of others, and attitudes toward self, others, and the community. Education at the secondary level furthers the development of general intellectual and practical skills, broadens the student's knowledge, and lays the foundation for further education and training. Educators believe that schools should also develop and nurture qualities of intellectual independence, critical thinking, reflectiveness, and love of learning, and should stress the cultivation of children's sensibilities (e.g., Eisner, 1983).

How well do the schools achieve the goals of preparing children for adult roles and further education? Very little research exists to answer this question. While examination results indicate that academic achievement levels are a cause for concern (World Bank, 1993), this chapter will now examine the evidence of the contribution of the school to the socialization of the child.

Schools aid in the emotional, social, and physical development of students. In the Caribbean, schools—especially traditional high schools—have sought to address the affective and emotional development of students through extracurricular activities such as sports, clubs, and societies.

It is thought that participation in these activities helps to develop social skills and character. Since accommodation is limited and participation is voluntary, not all students have access to these valuable experiences. Recent evidence from Jamaica suggests that apart from sports, most extracurricular activities are on the decline, in part because not many teachers are available to supervise such activities. Since schools are not publicly evaluated on any criteria other than performance in examinations, such decline goes unmeasured, though the effect can be quite significant.

Because much of a student's time in school is spent with the teacher, it is instructive to examine the teacher's perspective on teaching and on students, and the ways in which teaching socializes students. Research on this aspect of education throughout the Caribbean is sketchy; we will refer only to Jamaica. Though there are differences among schools and differences among teachers within a school, the teaching method typically used in all types of schools at the secondary level is the lecture method. Research conducted in all-age schools (public schools for ages 6 to 15) indicates that a teacher-directed mode of presentation is dominant. The teacher talks or writes material on the chalkboard, emphasizing questions for which there is only one right answer, and there is little problem solving or room for student initiative (Evans, 1988, 1991). In the high school, this method is quite prevalent and is referred to as note-giving. At the primary level, teaching methods may require more activity on the part of the students, but the teacher plays a dominant role in structuring, explaining, and supervising seatwork.

Teaching methods in which the teacher structures and explains or writes material on a chalkboard place students in a very passive role, requiring them, in the main, to listen and record. There is little opportunity for the students to formulate questions or problems, to work with other students on tasks, to carry out independent work, or to devise solutions. Though the teacher-dominant approach has merit in some situations, there are certain consequences when this is the main or sole teaching strategy employed.

At the primary level, as at the preschool level, formal academic learning in the lower grades, with much drill, practice, and copying, may yield short-term cognitive gains at the expense of an enduring interest in learning, and the development of a disposition to be reflective, to question, to doubt, and to seek out information. The learner fails to participate in teaching approaches which develop other skills and dispositions. Cooperative/group methods help students to cooperate with each other, to accept responsibility in a shared effort, and to consider others—to develop a moral orientation to work (Ames, 1984). Students should learn to present and defend ideas, to critique and evaluate—all essential qualities for participating in a community and in a democracy. They come to see knowledge not as certain—what the teacher says, or what is written in a book—but as the product of their own and others' reflection. The concern is that reliance on one teaching strategy will be unfair to students, who may learn best with other approaches that help students develop skills, attitudes, and values vital for productive employment and responsible citizenship.

Teachers' views of children influence their expectations and are communicated to the student in subtle and sometimes explicit ways. The interaction between teachers and students is a powerful means of socialization, since the young person learns through observation and learns and develops ideas about himself and others in this way. Not much research on this aspect of school life in the region is readily available, and again reference will be limited to Jamaica. Teachers vary their expectations according to the type of school and the social class of the student body.

Research carried out in the upper levels of the all-age school—the school attended by children from the lower socioeconomic groups—suggests that most teachers in this type of school do not believe that children in the 7th to 9th grades have the ability to learn or master the curriculum. The home environment, the children's perceived low intelligence, and lack of interest in learning are used to justify these views. Such beliefs are inevitably communicated to students, and their performance and self-concept can be affected as a result. These beliefs no doubt affect the teacher's commitment and effort to get children to learn. Anecdotal reports from students of this social class in other schools suggest that the same type of expectations are held of students from a low socioeconomic background.

High expectations and a positive teacher-student relationship are related to high student morale, satisfaction with self and school, as well as to achievement in the new secondary schools (Anderson, 1980; Chambers, 1987). The concern here is not just with the question of achievement, but with the perception on the part of some students that teachers value certain students more than they do others. When students believe that such unfairness exists, it compromises harmonious relations among members of the different social groups.

Corporal punishment as a means of disciplining students is frequently used in the primary and all-age schools in Jamaica. It is used in a number of secondary-level schools as well. Teachers in the all-age schools state that they use corporal punishment in the classroom to maintain order and to get children to learn; corporal punishment appears to be part of the pedagogical strategy. Observations in these schools indicate that it is used for a variety of reasons and on children of all age groups (Evans 1988; 1991). There are many consequences of this mode of discipline which very often is accompanied by verbal abuse. Harsh punishment lowers students' self-esteem and creates anger and resentment. Furthermore, it is unlikely that teachers will engage in reasoning and a discussion of right and wrong when such harsh physical punishment is used. Thus opportunities for developing prosocial behaviors and understanding of the effects of one's behavior are missed.

Questions posed by the use of a punitive, power-assertive approach to discipline in the family are also applicable to the school. A major concern, however, is that the school, charged with an important social and developmental role in society, does not act as a countervailing force to the family; rather, it reinforces a punitive power-assertive, authoritarian approach to relationships and to resolving conflicts. In a society where the levels of violent acts are alarmingly high, and so many persons resolve conflicts by resorting to violence or abuse, this trend in the school is disturbing. Teachers' use of corporal punishment and verbal abuse of children may be partially attributable to crowded conditions in many of the classrooms, to the absence of textbooks and materials, and the patterns of behaviors the students bring to school. The consequences can be harmful to the individual and to society.

Students get ample opportunities to learn about gender roles in school. As in the home, boys and girls are treated differently, since the adults in the school bring societal values with them to work. There is evidence that girls are treated less harshly than boys, mainly because they are more compliant and follow rules more willingly. Observations and anecdotal reports indicate that girls who are, in general, more likely to adhere to the norms of the school, are given more responsibility in the classroom by teachers who are overwhelmingly female. It may be that the skills and the sense of responsibility that the girl develops in the home are recognized and utilized in the classroom.

As previously discussed, the boy who is not assigned or does not assume a clear role in the household holds a marginal position in the school as well, unless he excels academically. This makes the boy more vulnerable to the demands of peer groups and gangs, groups that may not adhere to prosocial values and beliefs. At a time when the academic performance of males falls below that of females at all levels, and fewer and fewer males are represented at the tertiary and higher education institutions, this situation is a major cause of concern.

SUMMARY

The socialization of children in the Caribbean has become a very complex process. The young child is exposed to conflicting influences, and to socialization experiences that do not always have beneficial consequences in the long term. The two most important agents of socialization—the family and the school—are not functioning as effectively as they should or as they have done in the past. We have seen that in many households, mothers are absent or, when present, neglect the supervision and guidance of the child. In many homes, harsh, punitive, and authoritarian discipline and child rearing practices are the norm. Even though such practices have immediate effect, they are likely to lead to aggressive and even violent behavior later. The socializing effect of schools has changed, with the decline in the quality of educational provisions, the reduction in availability of some curricular activities, and a change in the behavior patterns of students. Some of these changes are attributable to the direct impact of the declining economic situation on home and school life, but changing values and attitudes of parents, teachers, and students are also contributing factors.

Social, economic, and value changes often lead to contradictions. Today, these are common in Caribbean societies, especially with respect to class and gender. While it is difficult to control or predict the economic future, schools and families—the important socializing institutions—must become aware of their influence and long-term effects on young people. Parent education and teacher education are even more critical. The survival and revitalization of our societies depend on this.

AREAS FOR FURTHER RESEARCH

Throughout this chapter we referred to issues that have received little attention by researchers, and here we present additional unexamined areas.

As was noted earlier, research on the Caribbean family has not investigated the day-to-day interactions of parents and children in the home setting. We recommend that researchers observe social interaction patterns in order to gain a better understanding of behaviors in context and the meanings derived from these patterns. At the same time, longitudinal studies of children growing up in various environments can help us to understand better the effects of certain conditions and individual responses to them.

An area that has received little attention by researchers is the role of siblings—of either sex—in the socialization of the child. Connected to this is the relatively unstudied experience of the "outside child," and his/her relationship to "inside" children. In addition, the role of half-siblings, some discovered late in life, the relationships that develop, and the effect of such siblings on self-concept would be of interest.

Parent-child separation has always been a part of the Afro-Caribbean family's experience. This has become even more necessary today, as parents migrate—within a country, within the region, or abroad—in search of work. Children of all ages are left with relatives or friends for extended periods of time. In some cases, the child is separated from the parent because the parent asks another person to raise the child. Many children in this situation believe they were "given away" and feel resentment and bitterness toward the parent. What are the consequences of such separation? How does it affect the person's emotional and social development?

Socialization in school is another unstudied area. We are particularly interested in the effects of corporal and other forms of punishment on the propensity to be aggressive. Children also learn a lot about color, class, and gender in schools, and the nature of that learning needs to be understood.

In our review of the literature, we did not find any study on the process of political or media socialization. Such knowledge will give us a more comprehensive understanding of the socialization process.

Finally, there is a need for more experimental studies on ways that traditional child rearing practices can be modified. Parents often revert to methods that their parents used, and this perpetuates the authoritarian and punitive approaches discussed above. Experimental studies could tell us which child rearing practices or parental attitudes and beliefs are more amenable to change and which modes of intervention are more efficacious. With this knowledge, we can begin to alter harsher patterns of socialization passed down over many generations.

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2

Class, Race, and Gender Issues in Child Rearing in the Caribbean

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> *Masculine and feminine are always categories within every class, race and culture in the sense that women's and men's experiences, desires, and interests differ within every class, race and culture. But so too are class, race and culture always categories within gender, since women's and men's experiences, desires and interests differ according to class, race and culture.*
>
> —Harding (1987, p. 7)

GENDER, RACE, AND CLASS

Gender, race, and class identify three distinctions made within society to describe, assign, and categorize individuals. These categories have been described as "a kind of unholy trinity—the three main axes of social differentiation, the three main axes of social oppression" (Mills, 1993; p. 111).

As axes of social differentiation, gender, race, and class define social boundaries, group membership, and patterns of interaction shared by persons who, because of characteristics which vary more between than within groups, develop a collective identity, a sense of belonging, an attachment, and a loyalty to the groups in which they hold membership. As dimensions of social oppression, gender, race, and class universally represent categories in which unequal power relations are evident, and this leads to antagonism between groups and/or subordination and oppression of one or more groups by other(s). In the case of gender, there is the subordination of women by men; in the case of race, antagonism and sometimes open hostility exist between racial groups that live together, and this usually results in discrimination, oppression, and exploitation among these groups; and with class, the numerically smallest group that controls most of the material resource and has power in society, invariably uses this to subordinate, manipulate, and/or oppress the majority, who have little or none of this status or control.

These varying groups coexist within the society in such a way that the life of a lower-class woman of a powerless racial group is vastly different from that of an upper-class man of a powerful racial group. Within gender groupings also, major differences based on class and/or race are evident. Each category of persons has developed a set of attitudes, values, and patterns of behavior that guide their actions, so that they adhere to the norms of the groups to which they belong, and are thus representative or typical of their membership groups. Until recently, research in a wide range of behaviors concentrated on those manifested within a single social class group, or it examined social class differences in such behaviors without reference to gender or race. The importance of including and exploring the influence of all three variables cannot be overemphasized, as the impacts of all three merge to provide the social environment within which individuals exist, as well as the context and experiences to which children are exposed as they grow up, and thus influence their expectations, actions, and life experiences as adults. As bell hooks noted, "At the moment of my birth, two factors determined my destiny, my having been born black and my having been born female." (1981, p. 12)

Within the Caribbean, there is a rich cultural diversity. The majority of the people are of African origin. In Trinidad and Tobago and Guyana, there are large East Indian communities. East Indians are present in smaller numbers in other countries as well, and in all of them there are individuals of other racial and ethnic groups, for example, Chinese, Caucasian, Syrian, as well as mixed racial groups. The personal status, relationships, and conduct of the members of these groups are significantly influenced by gender, race, and cultural/sub-cultural practice.

At one level, Jamaica has rejected the notion of separate ethnic groups within the society in its national motto—Out of Many, One People—but the reality is that the different subcultures exist, albeit based more on class than on race, each with its own value system and its norms of behavior. Bell (1979) commented that, up to 1974, in Jamaica, a shift in elite attitudes was evident away from Anglo-European and toward West Indian cultural orientations, and this shift clearly supported an acceptance of a racially and ethnically integrated future. Although this has been achieved to some extent, in that the social class/color/race correlation is not as high as it used to be, the ideal remains the European-American behavioral norm, and this determines expectations of behavior, not only for those who belong to the upper-class groups, but also for those who seek upward social mobility. As Rhoda Reddock (1993) notes in her discussion of Caribbean peoples of Afro-Caribbean and Indo-Caribbean communities, as well as those of other nationalities, it is a "situation where two or more non-white groups have antagonistic/non-antagonistic relations, albeit within a context of overall Euro-American imperialist domination."

One of the issues that has been the subject of much debate is the relative importance of each of the factors—gender, race, and class—in terms of determining behavior. The literature that indicates that knowledge, personality, attitudes, values, and modes of behavior develop in children through interaction with others as they are reared and nurtured, points to child rearing practices as an important source of information in the debate on this issue. Such information also allows for an assessment of the processes that result in the maintenance of distinct groupings, and the tensions manifested in their coexistence within society.

THE SOCIALIZATION PROCESS

Children develop the knowledge, attitudes, values, and patterns of behavior from which they construct their gender, racial, and social class identities through interaction with significant persons in their lives, such as parents, caregivers, and teachers. This interaction functions in such a way that the infant is initiated into the "accepted" methods of behavior in the cultural environment within which she or he will grow. In order to survive as a member of the group, the child has to adapt to the cultural context, and so has to develop an understanding of its functioning, of her/his place within it, and strategies for retaining personal autonomy, while sustaining, or in some cases, such as social class, changing group membership.

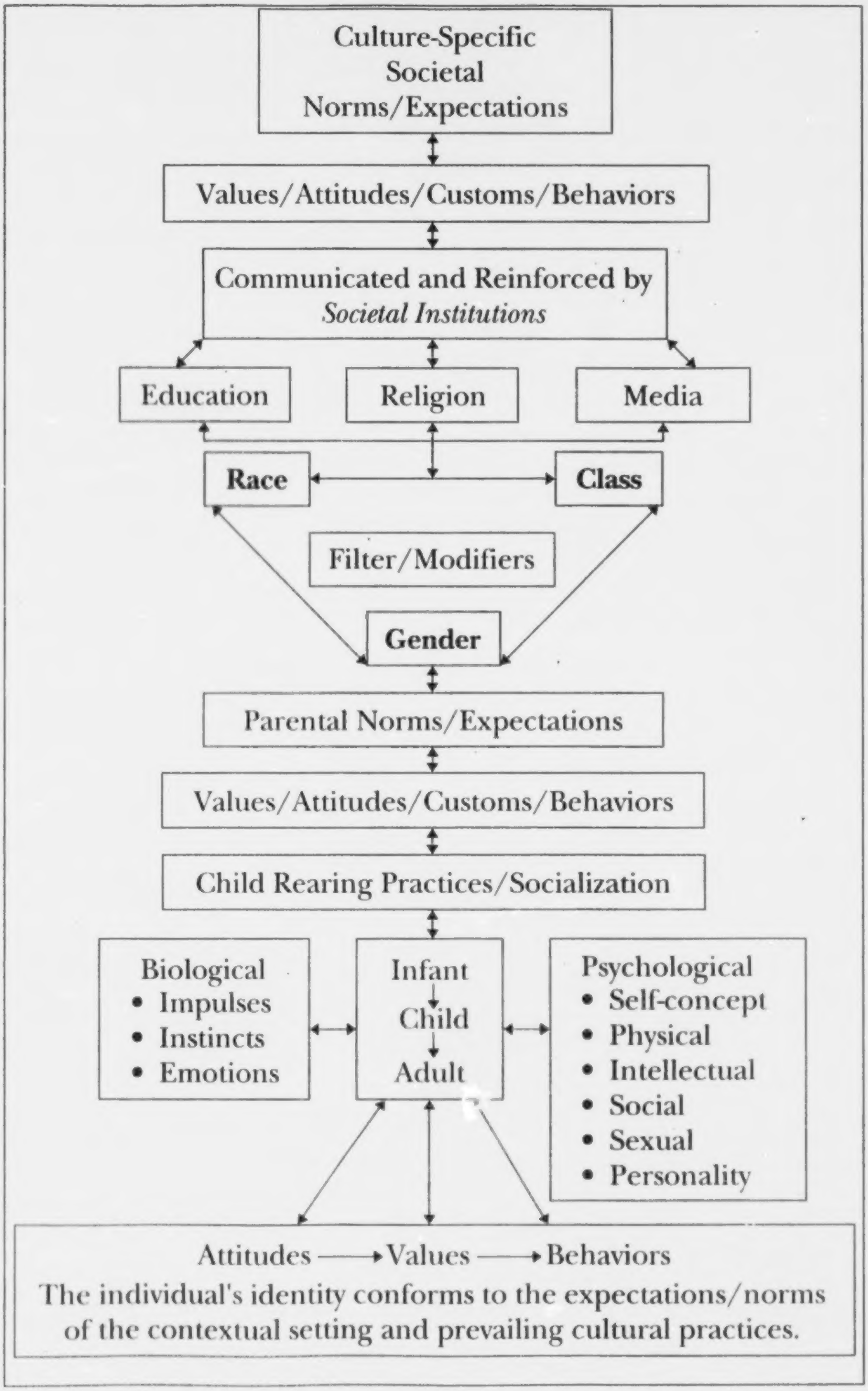
The infant is biologically ready for this process of *socialization*, which can be defined as the process of shaping and/or modifying behavior, through interaction with others, to conform to the expectations of gender, race, and social class groups within the society. The central nervous system of infants includes a complex brain that allows for the reception, acquisition, manipulation, and use of information from a range of sources. The wisdom of previous generations, acquired over many years through experience by parents and other caregivers, and passed on during the socialization process, is incorporated into the child's repertoire of concepts, opinions, attitudes, and behaviors. The helplessness of the newborn makes her/him responsive to training and discipline during the process of child rearing and nurturance. This training and discipline varies in different groups to conform to the norms of each group. The complex nature of the socialization process is diagrammatically represented in Figure 2.1.

Gender, race, and class act as modifiers or filters of the social norms, guiding the socialization of children belonging to the different categories of these groupings, and thus influence significantly the attitudes and values they develop, and the behaviors they acquire and demonstrate. Gender is a powerful social category that intersects both race and class in terms of the practices adopted during the socialization process.

Child rearing practices and the socialization process provide the key to understanding the extent to which girls and boys, girls and boys of different races, girls and boys of different races and different social classes are differently prepared to support and continue the traditions and the mores of the groups to which they belong. Each child is born into a particular racial/ethnic group and social class; these provide the context of their socialization. The norms and expectations of the parental group provide the parameters for the process of child rearing. The expectations and goals of the parents are based on firmly held beliefs on differences between the sexes and on the need to ensure survival as well as to meet the economic, personal, and social success criteria defined by the particular culture. The methods used to achieve these goals draw on the dominant cultural practices and shared knowledge obtained through societal institutions such as religious, educational, and political organizations, as well as the media, and from significant persons involved in the process. Problems arise when the dominant societal norms and expectations are in conflict with those of the particular subcultural group within which the socialization of the child takes place, and also when the institutions and agents of socialization communicate conflicting messages to children.

Socialization forces act on children directly as well as indirectly. Direct influence is exerted through instruction, during which behavior is positively or negatively reinforced. The combination of positive and negative reinforcement develops attitudes and values within children that act as restraints to control or inhibit behavior that would otherwise be spontaneous. In this way, behavior is shaped or molded to conform to norms related to gender, social class, and ethnic group. The activities whereby this

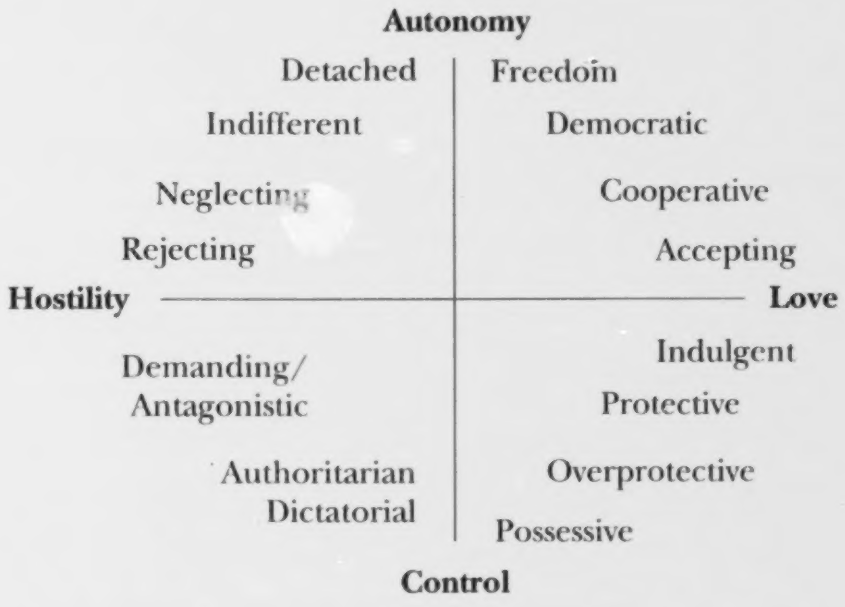
Figure 2.1. Model of interaction of factors relating to the socialization process.


Culture-Specific Societal Norms/Expectations
Values/Attitudes/Customs/Behaviors
Communicated and Reinforced by *Societal Institutions*
Education
Religion
Media
Race
Class
Filter/Modifiers
Gender
Parental Norms/Expectations
Values/Attitudes/Customs/Behaviors
Child Rearing Practices/Socialization
Biological
• Impulses
• Instincts
• Emotions
Infant
Child
Adult
Psychological
• Self-concept
• Physical
• Intellectual
• Social
• Sexual
• Personality
Attitudes → Values → Behaviors
The individual's identity conforms to the expectations/norms of the contextual setting and prevailing cultural practices.

process of shaping takes place include verbal interaction, and activities and actions that convey messages of permissiveness or restrictiveness, democracy or authoritarianism, warmth or hostility, protectiveness or lack of concern, and that promote aggressive or nonaggressive behavior, encouraging the development of dependency or autonomy, of purposeness or aimlessness, moral or immoral behavior, academic achievement orientation, or a lack of care about such achievement. It is felt that girls and boys stimulate parents differently, and so different responses are extracted from them, with the parents' behavior toward the child being strongly influenced by their conception of what a child of that sex is likely to be like. A model of maternal behavior developed by Shaefer in 1959 is still relevant in terms of the dimensions covered and the range of behaviors involved, though it may now more accurately describe parental rather than exclusively maternal behavior. This model is presented in Figure 2.2.

Indirect influence is exerted by "significant others" through their availability as models which children imitate. The first models are usually parents or primary caregivers whose behaviors are governed by, and

Figure 2.2. Model of maternal parental behavior.


Autonomy
Detached
Freedom
Indifferent
Democratic
Neglecting
Cooperative
Rejecting
Accepting
Hostility
Love
Demanding/
Antagonistic
Indulgent
Protective
Authoritarian
Dictatorial
Overprotective
Possessive
Control

The warmth/hospitality and permissiveness/restrictiveness dimensions have implications for the development of aggression and for the persistence of dependency.

representative of, the social class and racial group to which they belong, and who will be gender differentiated according to the norms of male and female behavior. The number and variety of significant others increase as children grow, and eventually include peer group members, other adults, fictional characters, famous individuals, and media personalities. The activities of these significant others convey messages about appropriate and inappropriate behaviors, which are sometimes in opposition to those communicated by parents, and this difference can create ambiguity and conflict in the minds of children.

Ogbu (1981) advises detailed examination of cultural practices to identify clues in the development of concepts related to socialization practices within particular contexts. These clues, he feels, can be obtained from exploring:

- parental belief patterns
- perceptions of children and their role in society
- folk beliefs and practices
- religious doctrines
- parental strategies
- fertility rates
- assumption of individual responsibility within given social, organizational, and structural milieu.

The variations within cultures are also important factors that must be considered, as the modification of the norms and expectations of the dominant culture by subcultural groups can result in certain behaviors, being considered inappropriate in the wider society, while being accepted as appropriate and the norm in one or more subcultural groups.

One important aspect of the socialization process is the learning of gender roles. Psychoanalytic theory (Freud, 1905/1962) and social learning theory (Bandura and Walters, 1963; Mischel, 1966, 1970) both emphasize observation of, identification with, and imitation of same-sex models by children as they grow. In psychoanalytic theory, the same-sex parent as model is stressed, whereas social learning theory, although emphasizing that the availability of parents, and their nurturant roles, make them powerful models—particularly in the preschool years—adds the dimension of differential reinforcement that is usually positive when a same-sex model is imitated. Such reinforcement results in further imitation, not only of the same-sex parent, but of other same sex models as well.

Maccoby and Jacklin (1974), after an extensive review of research on sex differences, expressed dissatisfaction with these theories, however, and noted:

> Children seem to adopt sex typed patterns of play and interests for which they have never been reinforced, and avoid sex inappropriate activities for which they have never been punished. . . . It is tempting to try to classify the different behaviors as being either innate or learned, but we have seen that this is a distinction that does not bear close scrutiny. We have noted that a genetically controlled characteristic may take the form of a greater *readiness to learn* a particular kind of behavior and hence is not distinct from learned behavior. . . . It is reasonable, then, to talk about the process of acquisition of sex typed behavior—the *learning* of sex typed behavior—as a process built upon biological foundations that are sex differentiated to some degree. (p. 362, 363, 364)

These "biological foundations" have not been determined, and indeed, there is concern that most theories have not dealt with the emergence of sex-typed behaviors and the developmental sequence that they follow (Roopnarine & Mounts, 1987). Another theory, proposed by Kohlberg (1966), and called "self socialization" by Maccoby and Jacklin, opines that as children grow, they gradually develop the concepts of "femininity" and "masculinity" along with their development of other concepts. These sex-role concepts are initially imperfect because of the child's level of cognitive development, but they are gradually refined as age and intellectual development improve. Concept development, about gender as well as about other topics, arises out of constructs derived from information obtained from a variety of sources, including, but not limited to, parents; the child matches her/his behavior to the conception formed at the particular stage of development.

The sources of information provided to the child in this process of concept formation are usually related to her/his social class and ethnic group. It is felt that children as young as 3 years old have developed a crude and incomplete, but basic understanding of their sexual identity, and that as soon as this is developed, they begin to select and prefer to be involved in activities which they view, from this crude understanding, as being sex appropriate. This understanding of sexual identity improves as the child gets older, and sex-typed behavior is not just made up of acts of imitation, but is based on generalized, organized concepts that develop as the child's experience increases and to which behavior is matched. Ronald Slaby and Karin Frey (1975) identified, from their research, three stages of gender development, and when all three stages are completed, the child is said to exhibit gender constancy. The stages are:

1. Gender identity—the child recognizes that she/he is a girl/boy.
2. Gender stability—the child understands that she/he will be a girl/boy throughout life.

3. Gender consistency—the child recognizes that she/he will remain a girl/boy even if she/he dresses up or changes appearance to look like the opposite sex.

Slaby and Frey found that 3-year-olds did not understand any of these concepts; 4-year-olds understood gender identity only, but the majority of 5-year-olds understood all three. Although gender constancy was found in some 3- and 4-year-olds, in other children it was not evident until they were 6 to 7 years old. In all children, the sequence of concept development was the same. This work is supportive of Kohlberg's theory of a cognitive-developmental learning process in the acquisition of concepts related to gender. It may well be that most other behaviors are also acquired in this fashion, as well as through observational learning, imitation, and exposure to differential reinforcement.

Cognitive-developmental theories have been expanded upon, and more recently, information processing theories have been developed. These base their assumptions on Piaget's proposition of schema (Piaget, 1970), which serve as internal information organizers for the search, selection, and receipt of information relative to that particular schema. In *Self Schema theory*, the child evaluates information that is available in the environment, and assesses its appropriateness or inappropriateness for her/his gender. Each individual gradually builds up more schema for the behaviors that are typical of her/his own sex than for those which are relevant to the other sex group (Martin & Halverson, 1981). *Gender Schema theory*, proposed by Bem (1981), assumes the existence of schema that recognize the bipolar gender distinctions in society, and these schema guide social functioning as well as the extent to which individuals engage in sex stereotyped behavior. Other recent theories concentrate on the development of androgynous individuals: persons who develop, integrate, and use a repertoire of behaviors that include those considered to be male as well as female (Bem, 1974; Block, 1973; Rebecca, Hefner, & Oleshansky, 1976). This development takes place in a series of stages, the last of which involves some internal conflict resolution to free the subject from societal expectations of a bipolar sexual dichotomy. The implementation of measures that will facilitate the development of androgynous individuals is strongly supported by a number of feminists (Ruddick, 1980).

The important element in all of these theories is the fact that the child acquires behaviors in complex and not yet fully understood ways, from the models available to her/him, and that these models are usually representative of the societal subgroups in which they have membership.

THE CARIBBEAN CONTEXT

A large proportion of the population of the Caribbean lives in conditions of poverty and deprivation. Families living under these conditions tend to be large, with little spacing between children, and the home setting is usually overcrowded. Grant, Leo-Rhynie, and Alexander (1983) reported a survey of 925 lower-social-class households in the Caribbean, in which almost 41% had between two and four children under 3 years of age; and 48% had one or more children in the 4- to 10-year-old age range, with 22% having between two and four children in this age range.

The cultural milieu within which Caribbean children are reared is a richly diverse one. The value system of the European ideal, and the cultural traditions of people of different ethnic origins—particularly those of African and Indian heritage, whose traditions were suppressed during slavery and indentureship, respectively—create difficulties for the socialization process, and Senior (1991) reports that these difficulties result in descriptions of this process as being frustrating (Kerr, 1952), contradictory, (Henriques, 1968) and tension filled (Hodge, 1982; Sistren, 1986). The racial and ethnic mix, the differing social class groups, and the variety of marital patterns and family structures are all important in terms of the direct and indirect processes they facilitate during the socialization of children.

The patterns of marital relationships which exist have been classified by Roberts and Sinclair (1978) into three major categories, as follows:

- Visiting: the man and woman share a sexual relationship, but they are not legally united, nor do they share a common residence.
- Common-law: the man and woman are not legally united, but they share a sexual union and a common residence.
- Married: the man and woman are legally united and share the same residence.

The married union, and the nuclear family pattern that results, is the religious and social ideal, but it exists mainly in the upper and middle classes of the society as a whole, and in all classes of some ethnic groups, such as East Indian and Chinese. These categories also describe, for many families, the sequence of development of a relationship. Women up to 25 years of age are usually involved in visiting unions; then there is a gradual shift to common-law and/or legal union, so that by the age of 45 years, most women are involved in either a common-law or a marital union.

Caribbean women assume motherhood readily, as this provides them with status and identity within their communities. They often have their first child during adolescence and so establish their fertility, and escape the accusation of barrenness. Powell (1986) reported that 50% of Caribbean women start having children while they are still adolescents. Only about 25% of children in the Caribbean are born into a married union; the others are born and reared in a family situation in which there is no resident male, and/or where the persons in residence may not be actual relatives. The situation in Jamaica is fairly typical, but the Jamaica National Family Planning Board's Young Adult Reproductive Health Survey of 1987 revealed the extent to which adolescent parenting occurs in the younger adolescent. In 1984, 28% of all live births were to girls 16 years of age and under. One quarter of these were having their second child, and 5% their third. Young mothers are most often involved in visiting unions, which are the least stable. When these relationships do not progress, new liaisons of a visiting type are established, and a number of children may result. The children may be part of an attempt to stabilize the relationship, and to secure financial support, but in many instances, men are unwilling to assume responsibility for the children of other men, and resist establishing a more stable union.

In most countries of the Caribbean, the number of female-headed households exceeds 30%. These women combine motherhood and child rearing with wage earning/income generation, and management of the household. The absence of the father from the home is one aspect of Caribbean family life that is often highlighted, as is his lack of involvement in the rearing and nurturing of the children. Table 2.1 presents the results of a survey conducted in households across the Caribbean (Grant, et al., 1983). The data reveal that, in all instances, there was a greater likelihood of the mother being present in the household than the father. In some cases, both were present, while in others, neither was resident in the household.

In the United States, the Moynihan Report of 1965 considered lower-class black families to be pathological because of the absence of fathers. This report was particularly concerned with the impact of father absence on male children. The role of men in child rearing in the Caribbean is a complex one. Many children grow up without a man in the house, and where there is a male resident, it is likely that this man is not the children's natural father. Even when they live in the home, fathers tend to be detached from the process of child care and nurture; the expectation is that they will provide economic support, and will be the final authority in disciplinary matters. In all social class groups, respect for and status of men in the community are gained through their ability to provide for their families. Brodber (1968) noted that, in urban Jamaican families, fathers were assessed on the basis of their cash contributions to the household for use in supporting and maintaining their children, while in rural Jamaica an additional criterion was the ability to provide shelter and food. Rodman

Table 2.1 Presence of Mothers and Fathers in the Home: Caribbean Sample

	Antigua	*St. Kitts*	*St. Lucia*	*St. Vincent*	*Barbados*	*Jamaica(1)*	*Jamaica(2)*
	N-76	*N=96*	*N=130*	*N=124*	*N=189*	*N=194*	*N=116*
Mother in household	72 (94.7%)	88 (91.7%)	110 (85%)	108 (87.1%)	183 (96.8%)	166 (85.6%)	110 (94.8%)
Father in household	27 (35.5%)	28 (29.2%)	59 (45%)	47 (37.9%)	93 (49.2%)	112 (58%)	59 (50.9%)

Note. Sample size: $N = 925$. Jamaica (1) = rural village in the parish of St. Ann. Jamaica (2) = appreciating residential area in the parish of St. James.

(1971) reports a similar situation in his study of a lower-class Trinidadian village, where the expectation of the father was that he accept paternity and provide economic support, while the expectations of the mother were that she would feed, clothe, and care for the child(ren).

Despite the fact that women, in many cases, manage the household, make the decisions, often provide most if not all of the financial support for the maintenance of the home, headship of the household is usually ascribed to the man if he is present. This may well be the communication of an expectation that the man will assume financial responsibility for the home, or it could be a reflection of the societal and religious ideal of male headship. It can create ambivalence, however, among children, who are taught to defer and give greater respect to their fathers or stepfathers—who may be irresponsible, unreliable, and authoritarian—than they give to their mothers, whose management of the home and family earn their respect.

Given the multiple roles these women perform in order to survive, the child rearing function is often delegated to another person, usually another woman—a grandmother or aunt. Rodman (1971), commenting on the situation in Trinidad, considers that this child shifting is a feature of lower-class family life, and reports that a mother experiences no guilt in sharing the task of child rearing with other women, particularly when she assumes the responsibility of being the breadwinner. Roberts and Sinclair (1978) estimated that approximately 15% of the Jamaican population below age 15 had been shifted from one home to another. This percentage is much lower than that reported for the Caribbean by the Women in the Caribbean Project (1979–1982), which surveyed 1,600 homes in three Eastern Caribbean countries and found that more than 50% of the children were cared for and reared by female relatives, mainly grandmothers. Very often, older siblings, particularly older girls, cared for the younger children.

Children who grow up in situations where they are frequently moved from one home to another during infancy, childhood, and adolescence may experience great difficulty in developing stable, secure human relationships. While for some, there is full acceptance as members of the family, and integration into the life of the family, for others there is a constant awareness of being marginal to the family unit, and feelings of anxiety and a lack of security as to the future are paramount during the formative years.

All theories which attempt to explain the acquisition of attitudes, values, and thus behavior of individuals emphasize the importance of models, particularly same-sex models, which are observed, identified with, and imitated. Behavior that is deemed to be gender, class, and race appropriate is learned through these processes. In the Caribbean, female models are available in abundance, but the absence of male models in the home usually means that children form concepts of male behavior and masculinity that place men in marginal positions in the family setting. Also, children who grow up with a single parent do not get an opportunity to observe, first hand, the day-to-day interaction between a man and a woman, and the emotional and psychological support that can be available to spouses in such situations. Roberts and Sinclair (1978) point out, however, that in a number of visiting unions, although the father may not be resident in the home, his contact with his children and their mother may be quite considerable, and differs from that of a casual relationship in which a man fathers a child and is not seen or heard from subsequently. Roberts and Sinclair report interviews with 500 Jamaican women that revealed fathers in visiting unions spend an average of 4 hours each week with their children, and also spend time with the children's mother discussing issues relating to the children, and engaging in joint decision making concerning the family.

In several homes, the absence of the father and/or mother is compensated for by the presence of an extended family unit that provides a positive, stimulating environment; in many others, however, the quality of adult-child interaction is such that the child only receives negative feedback about her/himself. Very often also, if the father fails to provide financial support, or if he ill-treats the mother of his children, the mother will vent her anger and hostility against the man on his child(ren). This has serious implications for the self-concept and psychological development of these children and can strongly influence the views that girls develop about men, and the gender identity developed by boys.

RESEARCH ON CHILD REARING

Much of the research on child rearing and socialization in the United States and Great Britain internationally has been conducted on white, middle-class children, and reveals strategies in the child rearing practices employed in these groups. It points to implications for the developmental progress of these children, their educational potential, and their psychological profiles (Hess & Shipman, 1965; Sears, Maccoby, & Levin, 1957; White, Kaban, & Attanucci, 1979). In some instances, a cross-cultural perspective of parenting is provided (LeVine, 1980), but in cases in which such research is available for non-white racial or cultural groups, it tends to focus on disadvantaged children (Hunt, 1968).

Very little systematic research has been designed and carried out to explore the effects of gender, race, and class factors in child rearing in the Caribbean, although a number of West Indian authors have commented on their own experiences, and on practices observed in communities in the Caribbean. The major issues that emerge from the research which exists are:

- preparation for the child rearing role
- gender differentiation and preference
- race/color/class issues
- discipline
- provision of stimuli/interaction

Preparation for the Child Rearing Role

The frequency of occurrence of adolescent parenting has already been recorded. The young mother is often ignorant of the processes associated with pregnancy and childbirth, and even more ignorant of the necessity to provide a stimulating environment for her infant. Much of this ignorance stems from a lack of reliable sources of accurate information, be it home or school, about human sexuality, contraception, and family life. At puberty, girls are warned by their mothers to "stay away from men" but very often no explanation is given for this warning. Among boys, however, very little parental concern is expressed about their sexual behavior, and many young men become sexually active early. McKenzie (1992) reports a 1988 survey in which it was found that 50% of Jamaican males, compared with 15% of Jamaican females, were sexually active by age 14. Although there is an expressed concern for postponement of sexual activity among girls, there is a strong expectation that they will produce children once their schooling is completed. Hodge (1977) comments that, in the Caribbean, the perception is that "the childless woman is an abomination, a pitiable creature", although the timing and the circumstances surrounding this childbearing may vary in different social classes. Hodge writes:

> One section of our young womanhood is taught that they are not to go out and fetch illegitimate babies like their "common," "low-class" counterparts, but to groom and prepare themselves for the Husband, while the other section, the "common," "low-class" counterparts, acquire the knowledge that the way to hold down the man of the moment for a little longer is to "make baby" for him. (p. 11)

In Jamaica, young women in some rural communities are labeled "mules" if they do not produce a child by the time they reach 17 (McKnight, 1979), and there is still a strong pressure on women not to use contraceptives, as the Bible admonishes women to be "fruitful and multiply" and also to "have out their lot."

The infant born to an adolescent mother starts life in a precarious home situation. In many instances, the mother has to provide the economic support for the child, and so will be away from the baby for most of the day, if not for longer periods. The baby stops breast-feeding and so does not obtain the benefits derived from this source of nourishment and from the bonding that results from this intimate contact between mother and child. Grant, et al. (1983) report that, in the Caribbean, there are differing responses to breast-feeding in different social classes. Whereas many upper- and middle-class women are reluctant to be tied down to the routine required, and also fear the change in shape of their breasts that may result from breast-feeding, women who work on the sugarcane estates, in the banana fields, in fishing villages, and those who live in deep rural areas usually breast-feed their infants for between 4 and 6 months.

Gender Differentiation and Preference

In the Caribbean, middle-class parents usually express the wish for a son "to carry on the family name," but expectant mothers in the lower classes often express a preference for girls over boys, and are more attached to their daughters than their sons (Justus, 1981); girls are more easily adopted and fostered than boys, and more boys than girls are abandoned (Brodber, 1968). This preference for girls is thought to be linked to the expectation that these girls will look after their parents in their old age, and also the feeling that boys are more troublesome and difficult to rear. Male and female children tend to be treated differently from birth, and the child care provided is largely determined by the race and class subcultures to which they belong. Mohammed (1993) analyzes in detail the life histories of two East Indian women in Trinidad, in an attempt to gain some insights into the relationships of gender, ethnicity, and class. Both of these women, one a member of one of the oldest and most prestigious Indian families in Trinidad, and the other a member of a lower caste, reported that their childhood was governed by expectations of caste and gender. Mohammed notes:

> Gender and ethnicity are closely interlocked structures, barely separable during the earlier part of both women's lives. . . .the imagery of gender—that is the expectations, roles, responsibilities and so on, of men and women—is firmly rooted in the ethnic consciousness of the women of this group [East Indian]. It is a consciousness that both women share despite caste differences. (p. 230)

In most situations, boys and girls are dressed differently, with the boys in romper suits and caps, and the girls in frilly dresses and multicolored hair clips, and they are given different types of toys to play with. Their patterns of play are expected to be different, and girls are reprimanded for rough play, or play that results in the dirtying of their clothes, whereas boys who are not involved in such play are considered to be "sissy." When toys are provided for children, these are deliberately chosen, in all social classes, with the sex of the child in mind. Thus, girls are given dolls, and toys associated with domestic activities, such as miniature sewing machines and stoves, while boys are given trucks, cars, guns, and train sets. In a survey carried out of toys in two toy shops in Jamaica, Leo-Rhynie (1995) noted the large variety of toys available to encourage girls in developing an image of themselves in a domestic role—washing machines, ironing boards, irons, brooms, doll cribs, dolls, the sewing machine and floor polisher or vacuum cleaner, sewing sets, cooking sets, and so on, all packaged with pictures of smiling girls, and therefore ensuring that these toys would not be bought for boys. Over a 4-hour period in each store, at Christmas time, none of these toys was bought for a boy. The only toys for a boy that could be identified as relating to his role in the home were a miniature tool kit and a lawn mower, neither of which was purchased by any shopper during the observation period. Toys linked to occupations still carried the traditional gender messages: doctors' sets for boys and nurses' kits for girls were available; chemistry sets and building sets for older children in some instances carried pictures of both boys and girls, but in almost all cases, the boy was using the equipment, with the girl looking on. Purchasers were practically all women, and they invariably bought "sex-appropriate" toys; a few bought building blocks and Lego sets, jigsaw puzzles, and board games, but their reasons for buying these were related to the ages of the children, and a knowledge of their interest in these activities.

Rodman (1971) noted that the economic utility of Caribbean children was quickly recognized by parents and the tasks assigned to boys and girls to assist in the maintenance of the family, particularly in lower-class homes, were usually gender segregated. This was a major influence in the children's learning of gender roles. Girls were usually given the domestic chores and child care, while boys were expected to do chores outside of the home—fetching water and firewood, caring for animals, and going to the shop. Justus (1981) supported these findings, indicating that this differentiation was observed among Dominican children of the lower social classes as young as 5 years old. In her research work carried out in Montserrat, Moses (1981) noted, however, the encouragement of boys in play activities outside the home, but an insistence that girls be busy performing their chores in the home, and observations by Hodge (1977) of other Caribbean countries supported this view. Moses considered this situation to be one that was "cultivating a kind of relationship in which the boys are made to feel like pampered strangers in the household, catered to by mothers and sisters" (p. 507).

This is also true in upper-class homes, where neither boys nor girls may be expected to perform household chores on a regular basis, but where girls are still expected to learn the rudiments of running the home, and to wait on the male members of the household.

The restriction of girls to activities within the home also permits a knowledge of their whereabouts at all times, and allows a close watch to be kept on their movements. This is particularly important as puberty approaches, when encounters with members of the opposite sex in a social setting are fairly closely monitored.

Gender differentiation persists in the school setting, where the structured activities of the curriculum are very often designed to be gender appropriate in the traditional sense, and where the expectations, interaction, and reinforcement strategies used by teachers are often influenced by the social class, racial origin, and sex of the students. It is not unusual to hear a teacher of 3- to 5-year-old children admonishing them with the words "Boys don't do that" or "Girls don't do that" when these very young children select play activities, or act in ways deemed to be sex inappropriate.

Race/Color/Class Issues

Power and status within Caribbean societies are still strongly related to class, race, and skin color issues, and many racial and cultural biases exist in society and are strongly reinforced by the media. In 1953, Braithwaite noted the powerful influence of such factors in the socialization process, and identified descriptors such as "good skin," "nice complexion," "good and bad hair," explicitly used by mothers to instruct their children as to the suitability of other children as playmates, while Miller (1969) found that adolescent girls of African origin still selected Caucasian features as their ideal in terms of body image, identifying several aspects of their own physical appearance with which they were dissatisfied. This dissatisfaction with the physical self was also expressed to some extent by girls of East Indian and Chinese origin, but the degree of self-acceptance and self-worth in these groups was greater than that found among groups of African origin. The areas of greatest satisfaction tended to be those that most closely resembled the Caucasian model—straight hair, light skin color, and more sharply defined facial features. Although this research is dated, and Richardson reported (1982) that there was greater satisfaction among late adolescents with their personal and national identities than there had been in 1969, the color and race issue persists, and is a strong influence on how people think, the attitudes and values they develop, and the behaviors they display. A popular and controversial song among young people in Jamaica in 1993, for example, proclaimed the singer's love, over his bike, his car, and his money, for his "browning" (i.e., fair-skinned young woman).

Within families, the lightest-skinned child is often openly identified, for this reason, as the favorite, and children quickly internalize the advantages and disadvantages associated with different skin colors. Grant (1974) reported that, in Caribbean families, the lighter-skinned child of either sex is favored over the one that is darker-skinned, regardless of sex. It is also common for parents to lay the blame for misbehavior and lack of obedience of children on their black skin color and "ugly" Negro features and to indicate that nothing better can be expected of such children. This has serious repercussions for the sense of self-worth that the child builds as she/he grows, and for the self-concept and self-esteem that results. Although the education of families of the middle and upper classes probably prevents such open discrimination among the children on the part of parents, it often persists through the influence of domestic helpers who originate in lower-class groups and who bring these prejudices into middle- and upper-class homes. The domestic helper can be a powerful force in the development of opinions, attitudes, and values during the socialization process, particularly when both parents are busy, and delegate child care and nurture to these women. Olive Senior remarks on the significant role played by "nannies" in the early childhood experiences of middle- and upper-class Caribbean children and documented in novels such as *Wide Sargasso Sea* by Jean Rhys; *The Orchid House* by Phyllis Shand Allfrey; and *Christopher* by Christopher Drayton.

Research on East Indian and Chinese families is sparse, but indications are that attempts are made to preserve traditional values and norms of behavior, and to prepare boys and girls for the sharply differentiated roles they will be expected to play in their adult lives. The life histories recorded by Mohammed (1993) indicate the very strict discipline obtained in these women's lives, and the fact that their lives were regulated according to rules relating to their caste, and the expectations of their gender. One of the women notes: "For most Indian women marriage was a critically important event in their lives, and this was what they were groomed for from childhood" (p. 222).

Marriage was expected to take place within a particular caste, and so social interaction was often limited to members of that caste. Mothers were assiduous in their guardianship of their daughters, as well as in providing the instruction in, and ensuring their compliance with, the patriarchal family structures that were expected to prevail. Over the last 30 years, the educational opportunities available have been seized by East Indian women, and a measure of choice in lifestyle has been exercised by these women, who have grown to value their personal as well as financial independence.

Discipline

Parental success in child rearing is usually assessed in the community on the obedience and good manners demonstrated by the children, their ability to remain clean and tidy, their ability to sit still for long periods of time without becoming restless—through church services, for example—and their levels of helpfulness and cooperation. Such behavior is usually encouraged through the use of restrictive and highly authoritarian methods of child rearing. The use of corporal punishment is commonplace, but it is often carried out in such a way as to appear almost brutal. The hand, a stick, a belt, a shoe, or a tamarind switch are used to beat children to ensure their compliance, and it is usual for boys to be flogged more frequently than girls, the latter often being subjected to verbal rather than physical abuse. Grant (1980), commenting on the use of these measures in poor, lower-class homes wrote that, in such homes, there are "very few privileges to withhold, no time to reason with the child, and no love to withhold from the child" (p. 45).

Grant et al. (1983) noted that the more schooling parents had, the less likely they were to use physical forms of punishment on their very young children, and this was explained in terms of the development of efficient communication skills that would permit them to reason with their children and explain the nature of misbehavior to them. Arnold (1992), however, writing on the use of corporal punishment in child rearing in the Caribbean, observes that such repressive discipline is not confined to the lower social class groups, and comments that:

> The practice of "beating" tends to persist among some families who attain better socioeconomic standards of living which would allow them to impose discipline by other means, such as withholding pocket money, or socially isolating the children by sending them early to bed. The reluctance to use other forms of punishment was observed by teachers working in a London Clinic with parents of West Indian origin, whose young children had been selected for compensatory education. In discussing the question of disciplining, the parents asked, "if you do not beat them what do you do?" (p. 7)

Wint and Brown (1988) noted the severe and inappropriate methods of punishment used to ensure children's obedience, and Crawford-Brown (1993) expressed the view that, in some homes, there is little difference between discipline and abuse. The situation described by Grant in 1974, when he reported the responses of 803 mothers of preschool children, of whom 671 admitted to beating their children, does not seem to have changed substantially, despite the observation by Grant et al. (1983) that there was a gradual lessening of the use of such severe punishment.

Unlike the model proposed by Schaefer, and reported earlier, however, the motivation of the parents is usually to ensure that the child will grow into a "good" person, and the administration of a flogging is often followed by shows of great affection and love, particularly by the mother. It is for this reason that many children develop a close and loving bond with their mothers, even though they have been the agent of severe punishment. Very often, such a bond never develops with the father, whose punishment is usually harsh, administered in situations in which the mother feels that a "man's hand" is needed to emphasize the seriousness of the offense. Such punishment is not usually tempered by any close and loving father-child contact. Arnold (1992) explains that children are expected to understand that they are punished because they are loved, and because their parents care about them. The control-love dimension in the Caribbean setting is therefore often characterized by mixed messages—authoritarian/punitive control, alternating with indulgence and protectiveness. The result when the control is exerted with hostility is often totally different from the desired one. Montrichard (1992) reports the recollections of a 22-year-old Trinidadian young man, accused of robbery, rape, and murder of a woman, as he is transported to prison:

> I hearing a voice from way back in my life, I hearing my mother shouting: "Boy, you no good, why you so worthless, you just like your no good father. I go beat that badness out from you once and for all. I fed up with you now," and in my heart I can still feel the blows raining on me and the anger rising inside me and I feeling so helpless. I was young at the time and I couldn't understand why my mother was so vexed and why she was beating me up so. (p. 15)

The outcome of the physical punishment administered to this young man, as well as his other experiences, was an angry adult who expressed this anger in violence against women, which eventually resulted in his receiving the death penalty.

The belief of this mother that she could "beat the badness" out of her child is a common one. Pantin (1992) reports the views of young people on this matter, and exposes the belief system that governs punishment in this setting. He states:

> Having discussed these topics with thousands of adolescents over the last twenty years, I can categorically state that over ninety percent of them perceive babies and small children to be born "wicked" and it is the God-given

> right of parents to "straighten them out," to drive out these evil tendencies from children and to make them God-fearing and obedient children. (p. 10)

These beliefs are founded, for the most part, on the biblical injunction not to "spare the rod and spoil the child." In the Grant (1974) survey, behaviors used by parents of 0- to 3-year-olds in Jamaica to express approval and disapproval were explored, and these are reported in Table 2.2.

In the majority of cases, behavior that pleased the parents did not elicit any response, although several mothers admitted to praising the child, showing affection, or giving rewards. Beating was the overwhelming response to misbehavior, even among these very young children.

In 1982, Ricketts conducted a study on the disciplinary home climates of 52 preschool children—23 boys and 29 girls—in Jamaica, and noted the interaction of certain variables in the discipline to which children were exposed. He concluded:

1. The higher the socioeconomic status of the parents, the more likely they were to be permissive.
2. The more permissive the home climate, the less likely children were to display hostility and other maladaptive behavior.
3. The lower the socioeconomic status of parents, the more likely children were to demonstrate hostile and maladaptive behavior.
4. No significant difference was observed in the way parents related to their sons and daughters.

Table 2.2. Parents' Expressions of Approval and Disapproval

When child pleases mother: response		
Nothing or no response	294	36.60%
Praise only	168	23.60%
Praise and affection	43	5.40%
Praise and reward	113	14.00%
Praise, affection, and reward	113	14.00%
Affection only	30	3.70%
Affection and reward	11	1.40%
Reward only	37	4.60%
Punishment for doing something wrong		
No response	9	1.10%
Beating	671	83.50%
Take away privileges	79	9.80%
Speak harshly	41	5.10%
Ignore	3	0.40%

5. Children from the high-prestige preschool displayed greater passive and withdrawal behavior than students from the lower-status school. These symptoms of underactivity were considered to conform to the expectations of society, and so would be valued and encouraged by parents who were upwardly socially mobile.
6. Parents of all social class groups used authoritative appeals most frequently in their attempts to control their children. There was, however, a significant difference between traditional middle-class and lower-class families in the use of an imperative mode in obtaining compliance, the latter group using this more frequently.

The popularity of an authoritarian method of disciplining these young children is supportive of other research evidence; but for this sample there are social class differences in the frequency with which such strategies are used. The absence of gender differences in the methods used is probably related to the age of the children. Further insight into the methods of discipline used can be gleaned from the responses of parents from economically and socially depressed households across the Caribbean to items from the Parent Interview Schedule developed and used by Grant et al. (1983) to examine the life styles of children from birth to 3 years old. These are presented in Table 2.3.

The responses of parents from the different countries are fairly similar, although Barbados stands out in its majority disagreement with items 1, 3, 4, and 5. Findings of particular note overall are found on the following page.

Table 2.3 Parents' Responses to Items Tapping Their Opinions of Discipline.

Country	*Agree*					*Disagree*				
	1	*2*	*3*	*4*	*5*	*1*	*2*	*3*	*4*	*5*
Antigua $N = 76$	36	76	73	38	58	40	0	3	38	17
St. Kitts $N = 96$	49	92	91	38	59	43	4	1	56	30
St Lucia $N = 120$	44	102	89	51	73	68	7	30	68	46
St. Vincent $N = 124$	36	116	103	80	78	82	7	19	41	45
Barbados $N = 189$	7	155	58	15	83	172	29	125	165	103
Jamaica (1) $N = 194$	52	185	170	60	105	131	3	19	129	77
Jamaica (2) $N = 116$	52	111	101	31	42	59	4	14	80	64

Note. Jamaica (1) = rural village in the parish of St. Ann, Jamaica (2) appreciating residential area in the parish of St. James.

Key to items: 1. Children must be seen and not heard. 2. Children must obey their parents and behave themselves. 3. Don't spare the rod and spoil the child. 4. Too much love and attention will spoil the child. 5. Even at this age, boys must behave differently from girls.

1. The very strong agreement in all countries to the statement expressing expectations of children's obedience and good behavior;
2. The agreement expressed by the majority of parents in all countries except Barbados that the rod should not be spared;
3. The division of opinion as to whether or not children should be both seen and heard, and also whether too much love and attention will spoil the child;
4. The majority agreement that even at this age, girls and boys should behave differently.

In direct contrast to the repressive discipline that typifies parent-child relationships in the majority of the homes in the region is the permissiveness that can be found in a number of upper- and middle-class homes. Children from a number of these homes are overindulged in terms of material advantages, yet they suffer deprivation and neglect in terms of parental time, affection, and interest; acts of misbehavior are not corrected, so they continue, and may even be boasted about as being "cute"; there is active encouragement of the development of a value system based on social class, status, and material possessions. In other homes, children are overprotected and overindulged until all initiative and independence become stifled.

Provision of Stimuli and Interaction

The quantity and quality of interaction within the homes of children in the Caribbean vary widely, and this has been the subject of much research by educators, medical practitioners, and social workers. Grantham-McGregor, Landman, and Desai (1983) note the very relaxed way in which mothers of young infants cope with crying, interrupted sleep, and fretfulness, as well as the very close physical contact that these infants experience during their first year of life, when they are almost constantly held and carried around by mother, older siblings, or other caregivers. This indulgence ceases after the first year, however, and the child is often disciplined if she/he is too noisy, wets the bed, or throws tantrums. The crowded conditions in which many children live, and their involvement in most aspects of their mothers' social activities—visits to the shop, to church, and so on—provide a varied environment within which they grow and develop. Restraints are often exercised in terms of those neighbors' children who are considered to be unsuitable playmates, however, and outings geared specifically toward the entertainment and benefit of the children are rare.

Social class differences are evident in the provision of toys and other play materials, the involvement of children in certain play activities, and the verbal interaction that takes place between adults and children. The 1983 survey by Grant et al. of predominantly lower-class homes revealed the following:

1. Few children in the region were given toys or play materials to stimulate their imagination or to exercise their finger muscles.
2. The idea that children need to play with materials like these was still unfamiliar to parents; therefore, their involvement in the play activities of/with their children was obviously absent.
3. The materials most appropriate for the children's level of development—paint, clay, plasticine, crayon, and sand—were conspicuously absent in the households.
4. Modeling materials were the least found and distributed of the play materials in the households; the two scarcely used items (chalk and puzzles) in the homes in the Leeward and Windward Islands and Barbados, had a high frequency in St. James, Jamaica; pencil, paper, balls, and books had the highest even distribution among the households in the region.

Research into the cognitive development of Jamaican children about to enter basic school at 4 years old reveals that this is significantly and positively related to the level of stimulation provided in the home environment (Allen, 1992; Garrick, 1979; Gray, 1992; Stewart, 1981). Similar research on language development highlights the importance of frequent parent-child verbal interaction, the reading and telling of stories to children, and involvement of parents in their children's play activities (Archer, 1972; Day, 1974; Grantham-McGregor & Desai, 1981; Neufville, 1974). The factors identified by the research as enhancing both cognitive development generally, and language development in particular, tend to be more prevalent in homes of children from the higher socioeconomic groups. In a number of instances, the research confirmed significant differences in the existence of these factors between social classes, as well as the corresponding differences in the abilities tested.

The only gender difference commented upon in the research which could have a bearing on the stimulation available, is the practice of keeping girls indoors, under the mother's watchful eye, while the boys are allowed free rein in the neighborhood. The girls are also expected to be involved in "ladylike "activities, and play that could result in dirty clothing, such as sand, clay, and water play, is very often not allowed. Great store is also set on sitting quietly and not calling attention to oneself, and as mentioned before, any toys provided were usually those which would perpetuate the female stereotype.

CONCLUSION AND RECOMMENDATIONS

In a world that is increasingly without boundaries, the awareness of cultural diversity in terms of attitudes, values, and norms of behavior, of differences within as well as between groups, has made the study of child rearing and socialization in a wide range of contexts an important concern of persons who recognize the importance of being able to anticipate the behavior of, facilitate communication with, and work and live with individuals of different racial and cultural backgrounds. It is also important that the variations be studied so that the source and nature of the social oppression that accompanies the social differentiation and that has its roots in the socialization process, can be fully understood, assessed, and corrected.

Despite the paucity of research on child rearing in the Caribbean, particularly as it occurs in the middle and upper classes, the research that exists does point to the influence of gender, race, and class in these practices, and it is clear that they are powerful influences on the process of socialization. The interaction of these variables, however, must be made the subject of detailed research and analysis so that their combined influence can be more accurately assessed. The persistence of patriarchy, and the inequities among societal groups that are maintained through the socialization process, demand that this process be very carefully examined within countries to uncover those beliefs and practices shared across social classes, races, and gender categories, as well as those that are unique to each group.

Existing research has pointed to the reproduction of traditional values, and a strong resistance to bringing about change. Factors which contribute to the inability to create and implement change include:

1. Adolescent parents who are unprepared for this role, and so rely on the previous generation to direct the socialization process. The process is therefore often guided by beliefs and values which are out of step with modern thinking on the rearing of children;
2. The persistence of values that divide and discriminate instead of those which unite;
3. Lack of parenting education: an inadequacy on the part of parents to provide an environment that will maximize the potential which resides in their children; and
4. Socialization processes that ensure that individuals fit neatly into their traditional racial, social, and gender slots, do not challenge the status quo, and do not seek to bring about change.

The central recommendation that arises from this review of child rearing practices, and the important role of gender, race, and class in determining how these are conducted, is the need for education: of parents, teachers, and potential parents. Education policy ought to recognize the first five years of a child's life as crucial to development, advancement, and eventual contribution to society, and this policy requires an understanding of the extent to which the process differs in various groups within the society. Determining a national and/or regional goal or mission that addresses the ways in which the special needs of different groups of children will be met ought, therefore, to be made a priority, and ought to be the basis of regional and national programs which would seek to enhance this development.

Programs through which such a policy can be implemented would then have to be developed and should target groups of significant adults in the lives of children—parents, siblings, relatives, teachers, and caregivers. Several projects have already been implemented with small groups of children in specially selected environments across the Caribbean, and success has been recorded in terms of changes in parental attitudes, and the improved behaviors and developmental progress of their children. These isolated efforts are slowly bringing about change, and need to be studied for possible replication on a wider scale, at national and/or regional levels.

Societal institutions such as churches, schools, and the media need to be involved in all initiatives taken in this regard, and should undertake to ensure that the messages they convey through children's as well as other programs are such that special needs are addressed and development is enhanced. The Family Life Education program in schools ought to be a central focus around which topics of interest and importance are linked, where gender awareness and sensitivity are fostered, where the rudiments of sociology are presented and discussed, and where issues such as prejudice and discrimination are made the subject of debate, and possible action. This program ought to be geared to every level of the school, so that an awareness of social issues such as these can be used to create home and school environments in which there is a commitment to recognizing and valuing differences.

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3

Family Socialization in an East Indian Village in Guyana: A Focus on Fathers

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This chapter focuses on the parent-child relationships of East Indian families residing in a small village, Chinesefield, in the county of Berbice in rural Guyana. The focus is on men's roles within the family, with particular emphasis on fathers and young children. The qualitative accounts of the socialization patterns are based on field data collected by the first author during a 5-year period of continuous residence in Guyana prior to 1971 and during extended visits to the country between 1977 and 1991. This preliminary examination about cultural continuity and the role of the father in three generations of East Indian families is in accord with previous attempts to catalog family social-structural organization in Guyana (e.g., R. T. Smith, 1988) and marks one of the first attempts to focus on men exclusively. It should be pointed out that, due to extensive migration of East Indians to North America and Europe within the last 15 years, the social dynamics and structural arrangements of families have changed dramatically. Considering the fact that few scholars have examined the impact of outward and return migration on family life in Guyana (see Stracham, 1983), we will attempt to discuss some of the changes in East Indian family functioning and their meaning for fathering.

THE ARRIVAL OF EAST INDIANS

East Indians were brought to Guyana as indentured servants from India by the British. The East Indians worked for specified terms on the sugar plantations after slavery was abolished. It is estimated that between 1838 and 1917, 238,960 contract Indians arrived in British Guiana. The first wave of 396 Indians arrived in 1838. East Indians were not the only people brought to British Guiana; small numbers of German, Portuguese, and Maltese immigrants preceded their arrival (C. Singh, 1988). A majority of the East Indians, or "Coolies" as they were later called, came from the United Provinces and were Hindus. About a third (31%) came from low castes, while most belonged to the middle castes. Less than 13% were high- caste Brahmins and Kshattryas (Schwartz, 1967; R. T. Smith, 1963). Regardless of the caste they belonged to, the socioeconomic conditions under which the East Indians lived were deplorable; their lives were entrenched in the racism, economic exploitation, and degradation inflicted by the British colonial power. The political, social, and economic struggles of the people of Guyana during colonial rule and during the postindependence period have been chronicled by several writers (Jagan, 1966; C. Singh, 1988; I. J. B. Singh, 1987; Spinner, 1984; Williams, 1991).

THE INFLUENCE OF COLONIALISM

A discussion of the family in Guyana without considering the potential impact of colonialism on changes in family structure and the stability of the socioeconomic and cultural life of the people would be impossible, for economic exploitation, segregation, and racism have all conspired against the stability and social and economic welfare of the Guyanese people. In his book, *The West on Trial,* Dr. Cheddi Jagan (current Prime Minister of Guyana) described in great detail the economic exploitation and human rights violations the Guyanese people endured from their colonial masters during a good portion of this century. The British economic exploitation affected: (a) the standard of living of families and their opportunity to obtain stable jobs, (b) educational opportunities and culturally appropriate educational training, (c) the ability of families to acquire adequate housing, and (d) the ability of families to obtain and invest capital. Needless to say, these issues continue to exercise an influential role in the economic and social stability of different ethnic families in Guyana. Recent analysis of unemployed and underemployed men in other cultures point to the devastating consequences of economic hardship on family functioning and parent-child relations (McLloyd, 1989). Similarly, the impact of poverty and racism on the ability of the family to carry out its social functions, including the socialization of children, childhood development, and the educational attainment of individual family members, has been documented (Dehavenon & Benker, 1989; Haskins, 1989; Hess, 1987; Kozol, 1988; Ogbu, 1991; Rafferty & Shinn, 1991). It can be assumed that poverty and oppression may have imparted parallel effects on the psychological functioning of the family in Guyana.

Inextricably tied to issues of domination and oppression is the extent to which the East Indians subscribed to and were affected by the society-wide institutional practices imposed by the British. Debates have been waged about whether the East Indians in Guyana form a subgroup of a larger system maintaining key ingredients of their "Indianness" through varying levels of assimilation without accommodation (see Ogbu, 1991), or whether they have assimilated to the point where they can be considered a part of a social system coexisting and bound together with other ethnic groups sharing multiple values and beliefs that have evolved and converged over time (Jayawardena, 1963; Vervotec, 1991). Some social scientists have argued that an "Englishification" (Skinner, 1955) or a "creolized" version of "Indianness" exists in Guyana due to interactions with other ethnic groups, plural and differential acculturation, and the political and social changes that have occurred there (see Crowley, 1957; Horowitz, 1963). Yet others (Vervotec, 1991) suggest "that among Caribbean East Indians there is a complex and locally determined web of status relations including aspects of ethnic traditionalism, class, family reputation, extent and nature of social and economic networks, religious piety, personal charisma, patron-client relations and more" (p. 146). Without doubt, there are visible changes in the East Indian family in

Guyana. It will require careful and detailed work, however, to determine what segments and how much of the original Indian culture is maintained as families continue to change toward desired North American lifestyles and, in particular, the companionship family (see Burgess, Locke, & Thomas, 1963).

TRADITIONAL FAMILY STRUCTURE AND ORGANIZATION

Two authoritative anthropological studies are central to our discussion of family structure and role dichotomy in Guyanese village life (Jayawardena, 1963; Rauf, 1974). These studies, one conducted on the outskirts of a sugar plantation at Skeldon and the other in two villages that house sugar plantations, Port Mourant and Blairmont, present somewhat similar profiles of family organization and the assumption of diverse roles within and external to the family. We should be mindful that, in as much as the East Indians have attempted to hold on to patterns of family life inherent in their communities of origin, the ties to an ancestral identification must be viewed in the context of immigration, the conditions of indentured servitude, and sociocultural contacts and interactions with other ethnic groups in Guyana. While some authors (e.g., Rauf, 1974) have attempted to address issues of cultural continuity and change among East Indians, it behooves us to point out that Guyanese society has remained fragmented and politically divided along racial lines. Moreover, as stated earlier, there are interweaving complex cultural and societal factors that have shaped Indian life in Guyana independent of exposure to other cultural groups (Singer & Aranear, 1967).

For example, a large number of Indians live in homogeneous communities, they discourage out group marriages, possess conservative sexual values, and identify with India and Hinduism. Thus, there seems to be a distinct sense of ethnic identity among East Indians that provides shared cultural meaning and socio-organizational direction to village family life.

Prior to the recent mass migration of East Indians to North America and Europe, rural life in Guyana was stable and orderly. Work and domestic roles were well-defined and village life centered around working in the rice and canefields, and operating small businesses. For the most part, men's and women's roles followed a traditional pattern in which women assumed responsibility for the majority of domestic tasks and men the instrumental breadwinning role. The following description typifies traditional village life (prior to 1971):

> Women would get up around 4:30 a.m. to prepare breakfast and lunch for their husbands if they worked in the sugar canefields and about 6:00 a.m. to

> do same if they worked in the ricefields. The men leave on bicycles or trucks provided by the estates to work on the sugar plantations; others go by foot, bicycles and tractors to the ricefields. Women clean house, wash clothes, sweep the yard, collect firewood, and sometimes fish in the canals, swamps, and at the seaside. Children get up around 7:30 a.m. and are groomed for school. They eat roti or bread with fried or curried vegetables, fish or meat. Occasionally, they assist with light housework or help their fathers tend to animals. Children leave for school around 8:30 a.m. and return around 3:00 p.m. Those who live near to the school come home for lunch.
>
> In the mid-morning women may gather to chat or gossip about other families or comb each other's hair. The groups of women break up long before the men return from work in the afternoons. Upon their return, men may take an afternoon nap in a hammock under the house or on the floor in the house. By 4:00 p.m. women gather firewood and start preparing the evening meal which almost always includes rice, and vegetables, dhall, fish or meat.
>
> After school children play cricket, marble games, climb trees, bathe in the canals, play hopscotch, and other assorted games that involve domestic themes. Play may continue until dusk when children come in for dinner. Older children fetch water, help tend to animals, and bathe their siblings.
>
> In the evening, men gather on the roadside and in storefronts to chat with friends, play cards, and board games; others visit the local rumshop and imbibe. Women and children bathe and get settled in for the night. Children may do their homework, listen to Guyanese radio programs, read, talk, or tell scary stories about ghosts and the dead. (Field Notes)

East Indian women have always been forced to assume subordinate positions to men in Guyana, even when they were the chief economic providers. The bifurcation of roles and the subordinate position Indian women hold in Guyana are deeply rooted in the patriarchal nature of the original culture. Tied to traditional beliefs articulated in Sanskrit literature and other texts and the power attributed to the Laws of Manu (Kakar, 1992; Suppal, 1993), caste, and religious mythology, men in India continue to subscribe to filial piety. There is no reason to believe that such ingrained practices changed markedly upon the arrival of Indians to Guyana or that men there will relinquish their position of dominance over women willingly. In point of fact, patriarchy remains a strong force in family life among East Indians in Guyana today.

Within the confines of male dominance, children are raised in a mixture of nuclear and extended family units. That is, although the family unit may resemble a nuclear structure, often there are strong emotional ties to extended kinship members and to other adults in the immediate environment. Family boundaries are somewhat flexible and permit movement of relatives in and out of familial relationships; however, these relationships largely depend on the degree of family cohesion, solidarity, and conflict (see Jayawardena, 1963). The Guyanese Indians also practice a system of fosterage whereby children live with relatives and friends for extended periods. These practices serve to cement social bonds and simultaneously call attention to the collective role employed in the socialization of children (see Martini & Kirkpatrick, 1992).

In short, early socialization of young East Indian children should be viewed in the context of the following:

- Multiple caregiving situations
- Emphasis on interdependence; children belong to the larger community
- Respect for older members of the society
- Boys are accorded more importance than girls
- Development of smooth relationships within and external to the household
- Unquestioning allegiance to the family of origin

INDULGENT MOTHER, STRICT AND DISTANT FATHER

The Guyanese East Indian mother is the primary caregiver to young children, although other women and children are also involved in physical ministrations. A constant source of warmth and assurance, she is often indulgent, and quite vigilant. The mother-child relationship is marked by physical closeness, especially during the infancy period. Like her sisters in India, the East Indian mother massages the baby, carries it on the hip or close to the body, and is careful not to expose the baby to "evil eyes" and "wicked people." The physical closeness continues beyond the infancy period. Mothers have been observed to nurse their children well into toddlerhood, and children co-sleep with their parents or grandparents long after weaning. The mother-son relationship "is a complex mixture of parental authority, maternal care, and feminine subservience" (Jayawardena, 1963, p. 5a); sons are permitted greater latitude to digress from accepted social norms. By contrast, the mother-daughter relationship is marked by greater control and scrutiny. Daughters are protected and are raised to be subservient. The East Indian mother assumes a permissive style in parenting. Throughout childhood she serves as a liaison between children and the father and other adult members of the kinship structure. Comparable aspects of mother-child relationships have been observed in other cultures as well (Ho, 1987; Roopnarine, et al, 1994).

If we consider the patriarchal nature of Guyanese society, it is not difficult to envision why the Guyanese East Indian father maintains considerable distance from early caregiving. Traditionally, during the first 9 days of the infant's life he was prevented from seeing or holding the baby and did not come into contact with the baby until a Hindu priest was consulted. The exact religious or cultural underpinnings behind this practice are not well understood. In our view, this at once sets the pace for and encourages the affectional distance men display toward young children. Fathers may hold babies intermittently, but rarely do they change their diapers, bathe them, or feed them. The father is seen as austere, an authoritarian figure who should be respected. He is the chief disciplinarian. Beyond the early childhood period, "the father-son relationship is one of frequent association. Sons are expected to be deferential to their fathers and avoid expression of familiarity. The restraint is explained as necessary to 'avoid contention' and consequent challenges to paternal authority" (Jayawardena, 1963, p. 5a). As far as daughters are concerned, the father becomes more involved in their lives at the time of marriage but otherwise remains distant from them.

Today, the Guyanese East Indian father is more similar than different from his predecessors. However, there may be more individual variation in the father's role within and external to the family than is acknowledged here; and economic hardship, alcoholism, violence, and a disintegration in the moral fiber of the family have all conspired to reduce paternal responsibility. We discuss these issues in greater detail in a later section.

RELIGIOUS BELIEFS

While a large segment of the East Indians in Guyana speak virtually no Hindi, they have ably maintained different aspects of the religious beliefs and practices that were brought from India. Prominent among them are the beliefs in Dharma and Karma and in epics presented in religious texts such as the Ramayana (see Kakar, 1992, for a description of these concepts). The degree to which the religious concepts and epics are understood among East Indians in Guyana is nebulous, because there has never been a widespread observance and practice of sacred Hindu rites among the last two generations of East Indians. Hindu beliefs do guide marriage ceremonies, the birth and death of people, and other noted celebrations (e.g., Holi, Shewratri, Deepavali, Ram Nouni, Janam Ashtami) but are more remote from day-to-day life.

According to Rauf (1974), the Hindus in Guyana fall into two major religious sects: Arya Samaj (reformists) and Sanatan Dharma (Orthodox). The Sanatani Hindus "follow the orthodox prescriptions, dogmas, rituals, customs, values, and all other beliefs and rites that constitute a fundamentalist's view of the Hindu religion" (Rauf, 1974, p. 97). Sanatani orthodoxy is reflected in marriage rites and religious worship (Lyall, 1898; cited in Rauf, 1974). Disillusioned with the strict tenets of Sanatan Dharma Hinduism, the more moderate Arya Samaj Hindus denounce the strong adherence to rituals and idol worship. Arya Samaj castigates idol worship and believes in the unity of the gods Brahma, Shiva, and Vishnu. They contend that through yoga and meditation, one can achieve the necessary spiritual connections to God. At the same time, they emphasize that caste ascription is based on one's karma or deeds and not necessarily assigned at birth. On the other hand, the Sanatan Dharma Hindus subscribe to idol worship and believe in a caste system that is determined at birth. Further, they believe in the continuity of parent-child relationship after death (Rauf, 1974).

The manner in which these religious beliefs have affected and continue to influence family structure, interpersonal relationships, and the paternal role in Guyana is not clear. It appears to us that religion did affect the status of the father in the family and the dispensation of roles within that context, due to adherence to beliefs tied to filial piety and historical practices as dictated in the sacred Hindu texts (see Jayawardena, 1963; Rauf, 1974). By the same token, women have been associated with devotion and unwavering loyalty to husbands, analogous to the heroine exemplified by Sita in the Ramayana. However, it is our surmise that these beliefs represent the idealized version of the mythical familial pattern that was in most cases never realized or practiced. East Indian women in Guyana have always wielded more power than patriarchy would imply and in this spirit have been able to circumvent the control and dominance Guyanese men have attempted to exercise over them. Most East Indian men of the last two generations have not been fully immersed in the "deeper" practice of observing Hindu religious philosophy and may be holding on to the belief of male dominance passed on to them irrespective of their regard for, or an understanding of, the principles of Hindu religious philosophy.

Two other factors noted above warrant some discussion as well: religious beliefs and family structure. In the past, the Hindu religious practices and ceremonies that were collectively organized and shared by East Indians in rural and urban areas have been less central to the daily life of people. Prominent religious figures, such as the pundit Repu, warn that the Guyanese people are struggling to hold on to a significant portion of their heritage. Because of poor economic conditions, hopelessness, and a general lack of interest in any form of spiritual belief, social functions that hitherto have brought people together have been curtailed. For example, it is not unusual to conduct marriage ceremonies in private because of a lack of resources. In the past, regardless of economic conditions, families took great pride in celebrating the weddings of their children by inviting large groups of people to witness the proceedings; families also conducted pujas (worship/prayers) in which sizable numbers of people were involved. As some of us have written elsewhere (Roopnarine et al. 1992b), these gatherings function to cement social ties, reaffirm conventional values, and offer a sense of cohesion to members of the community. In the absence of these gatherings and celebrations, the younger generations of East Indians are at risk of losing an understanding of their heritage altogether, just as they did the Hindi language.

THE CONTEMPORARY EAST INDIAN FAMILY

The contemporary East Indian family in Guyana has undergone dramatic changes. Several factors have contributed to the metamorphoses that have occurred in family structural arrangements and their accompanying functional dynamics. Notably, the poor economic conditions and political oppression, outward migration to the industrialized nations of the world, increasing divorce and suicide rates among the younger generations, alcoholism, the erosion of core beliefs in Hinduism and other religions, and growing violence can all be implicated in undermining the role of the family in Guyanese society. Some of these factors have been identified as being responsible for the inability of the family to successfully perform its functions in other Caribbean societies (Leo-Rhynie, 1993).

As we suggested earlier, the social fabric and moral fiber of Guyanese society has suffered enormous fragmentation. Following years of poor economic conditions, political oppression, and maligned government policies, the East Indian family is witnessing a sort of instability it has not known before. The standard of living for all Guyanese has plummeted during the last 20 years, and there are large numbers of families who live in dire poverty. This, coupled with high rates of unemployment and alcoholism, has led to higher rates of separation and divorce, abandonment of spouses and children, and suicides. Violence has increased across many segments of the society. Domestic quarrels often lead to violent clashes within and between families; likewise, street violence and robbery have forced people to retreat to their homes, thwarting the flow of human interpersonal relationships.

The mass migration of East Indians out of Guyana has created two scenarios. The first concerns the rising economic needs and expectations of families who currently reside in Guyana but have relatives abroad. These families expect to migrate and thus are in a holding pattern. Largely misinformed about prosperity in America, they usually demand material goods and money from their relatives abroad, often sacrificing or consciously avoiding the fulfillment of basic functions within the family. That is, they may disengage from improving their economic status or technical and other skills until they migrate. Relatives abroad are willing to oblige in providing economic support because it reinforces their credibility within the network of relatives and also ties in to the interdependent nature of life among Indians. The second and perhaps more important issue of outward migration is that it separates family members who were bound together in closely knit units. Whereas in the past relatives lived in close proximity to each other, shared economic and other resources, and rarely moved away from their place of birth, today numerous Guyanese have left their spouses, children, and relatives behind to emigrate to the industrialized countries of the Northern hemisphere. The extent to which families are psychologically affected by the separation is ambiguous at this point. In addition, the way that families in Guyana adjust to the departure of family members and the changing nature of family relationships and reorganization, both in Guyana and abroad, goes largely unchecked and needs to be examined empirically.

The modern East Indian family appears more nuclear than extended. Contrary to the practice of living with parents and pooling economic resources, as in the past, young couples opt to live separately from relatives soon after they are married. Moreover, teenagers are eloping at alarming rates—a movement away from parents' selecting and being involved in decision-making regarding partners for them. As has been pointed out, divorce and remarriage and common-law living arrangements are on the increase, conflicts between spouses have escalated, and social service programs are nonexistent or poorly staffed in a number of communities. Taken together, the lack of emotional support for young couples during the early stages of marriage, and the instability the East Indian family currently displays, are causes for concern.

FATHERS ACROSS CULTURES: A BRIEF LOOK

There is a growing body of work on father-child relationships in diverse cultures around the world (see Hewlett, 1992; Lamb, 1987; Roopnarine & Carter, 1992). Researchers have explored parent child relationships in Japan (Fogel, Toda, & Kawai, 1988), the United States (Ahmeduzzaman & Roopnarine, 1992; Lamb, 1977), Africa (Hewlett, 1987, 1992), Australia (Russell, 1987), China (Ho, 1987), India (Roopnarine, et al., 1990, 1992), Israel (Sagi, Koren, & Weinberg, 1987), Marquesas (Martini & Kirkpatrick, 1992), Sweden (Hwang, 1987), Ireland (Nugent, 1987) Jamaica (Brown, Anderson & Chevannes, 1993; Roopnarine, et al.,1995) and in several other societies (see Hewlett, 1992) around the globe. Many of these studies focused on the attachment relationship between fathers and children, play, primary caregiving, and household labor. Not surprisingly, mothers were the primary caregivers in all of the societies mentioned above; they were more likely to engage in basic caregiving activities such as feeding, bathing, and cleaning the baby than were fathers. Play was more characteristic of father-child than mother-child interactions. Whether the mother worked outside of the home or not, this had a negligible impact on father involvement with children and this was quite stable across cultures (see Hossain & Roopnarine, 1993; Tulananda, Young, & Roopnarine 1994). Fathers seem to spend roughly about a third of the time their wives spend in primary caregiving across some cultures (see Ahmeduzzaman & Roopnarine, 1992; Hossain & Roopnarine, 1993; Lamb, 1987; Pleck, 1985; Roopnarine & Ahmeduzzaman, 1993), and far less time in household activities than their wives (see Blair & Johnson, 1992).

Equally revealing are studies of father-child relationships that point to the significance of paternal involvement for children's development and the personal well-being of family members. Children's empathy skills, cognitive competence, and internal locus of control are positively affected as a result of increased levels of paternal involvement (Pruett, 1983; Radin, 1982: Radin & Sagi, 1982: Sagi, 1982), and higher levels of father involvement in the family have implications for spousal relationships and the partner's mental health (Pleck, 1985; Ross, Mirowsky, & Huber, 1983; Yogev & Brett, 1985).

For our discussion herein, the work on fathers in India seems most pertinent. In no way are we suggesting that fathers in India are identical to fathers in Guyana for such an assertion would be quite misleading. Rather, because of a common cultural heritage, we thought that work on fathers in India might be instructive in guiding our mission in this chapter. The sparse database on fathers in India reveal strong gender differentiation in involvement with children along traditional lines. Roopnarine and his colleagues (Roopnarine et al. 1991; 1992a; 1992b) have found that Indian fathers maintain quite a bit of distance from primary caregiving roles, that father-infant interactions are gentle rather than rough and stimulating, and that father-child attachments may be formed through gentle and affectionate activities rather than through vigorous play (Roopnarine, Ahmeduzzaman, Hossain, & Riegraf, 1992). The studies conducted on Guyanese fathers present conflicting profiles of men's level of involvement with young children. While L. C. Wilson (1989) reported no gender of parent differences in involvement in playing with children during infancy in Indo- or Afro-Guyanese families, others (Sanders, 1973) observed low levels of contact between fathers and children among the Amerindians. Beyond these findings, we know very little about Indian fathers and far less about East Indian fathers in the Caribbean. Following the ethnohistorical approach (Herskovits, 1960), we will use the low level of caregiving observed in Indian fathers as a crude yardstick for measuring cultural continuity in the father's role in the East Indian Guyanese family.

Theoretical Considerations

It took a while for developmental psychologists to realize that father-child relationships should be viewed from diverse theoretical perspectives. From a paradigmatic standpoint, the psychoanalytic theory of Freud (1940), attachment theory (Ainsworth, 1969; Bowlby, 1969; 1973), the human ecology model (Belsky, 1984; Bronfenbrenner, 1986), social learning theory (Bandura & Walters, 1963), structural functional dichotomies (Parsons & Bales, 1955), evolutionary biology and the biosocial perspective on mating and parenting effort (see Hewlett, 1992), parenting theories (Baumrind, 1967; Maccoby & Martin, 1983), and cultural ecology models of parenting (Ogbu, 1981; LeVine, 1988) were seminal in guiding early research investigations on fathers. With the exception of the cultural ecology models and the biosocial perspective, the limitations of these theories in examining parent-child relationships in diverse cultures have been discussed in other articles (see Greenfield & Cocking, 1994; Roopnarine & Carter, 1992). To amplify our point, the psychological theories in particular do not lend themselves well to understanding cultural continuity in pluralistic societies. For insights into this phenomenon we must turn to anthropological frameworks on the family proposed by scholars who have conducted research in the pluralistic societies of the Caribbean (e.g., R. T. Smith, 1988).

In our examination of three generations of Guyanese East Indian men as fathers, we hope to establish a sense of cultural continuity/discontinuity in parenting in families whose roots extend to India. Potential sociocultural changes in the role of the father may reflect complex patterns of adaptation over the three generations of men. For this purpose, we rely on the work of Rauf (1974), M. G. Smith (1965), Despres (1968), Jayawardena (1963), and R. T. Smith (1988) in providing a basis for the interpretation of our observations. These social scientists have discussed in some detail the benefits and shortcomings of the ethnohistorical approach, the structural-functional framework and adaptive-cultural change, the cultural pluralism model, and the unitary or consensual model in attempting to identify frameworks that would be of greater heuristic value in mapping family structure and functioning in Caribbean families.

Different views exist about the relative merit of viewing Caribbean societies from the holistic structural-functional perspective of social anthropology and the plural model (see R. T. Smith, 1988; Vervotec, 1991). It is maintained that historically, in Caribbean societies, groups from varied cultural backgrounds were held together by the English Crown, and over time a distinct set of values evolved for the society as a whole, apart from within group cultural traits (see Nevadomsky, 1982; Vervotec, 1991). These values resulted as a direct consequence of general policies articulated and implemented by the Crown government. Within this framework, the colonial society was seen as superior, and its social norms were employed in determining desirable behaviors and practice.

If we apply this latter consensual perspective to postindependence Guyana, it is true that in this pluralistic society there may have been common adopted values, and that vestiges of the British influence in education, commerce, and politics are probably still present in various institutions, but the colonial-laden practices are changing, as most Guyanese look toward American-style democracy and free enterprise and a basic educational system that stresses native Caribbean cultural practices. Furthermore, racial politics in Guyana has caused a major chasm between the two dominant ethnic groups, East Indians and Afro-Guyanese. Interestingly, as the East Indians discard their traditional Hindu way of life for more "modern" practices, they are no closer to sharing the economic and social interests of the Afro-Guyanese people than they were three decades ago. Admittedly, some minor changes have occurred in the area of interracial marriages, and there are more social contacts among Afro-Guyanese and East Indians; however, the purported notion of a common destiny for the different ethnic groups in Guyana has all but lost its idiomatic zeal.

The Guyanese Indians as a group present an interesting challenge in determining a conceptual framework that would add deeper meaning to our analysis of the paternal role. Quite candidly, we need a framework that will offer greater meaning to our discourse about the father's role in a changing Guyanese society. When one distinguishes between the paternal involvement of first-generation men born to parents who were brought from India and those of the two subsequent generations, we can safely argue that the earlier generations experienced greater stability in family cohesion and family structural arrangements. Their children, however, have witnessed tremendous upheaval in the political, social, and economic arenas. In the next few sections we provide in summary form the lives of three generations of Guyanese East Indian men primarily focusing on their role(s) as fathers, after which we will attempt to integrate our observations into theoretical considerations surrounding cultural continuity and pluralism.

Brief Description of the Field Site

Chinesefield is located on the western bank of the Corentyne River in the county of Berbice. It is one of the many villages that are aligned consecutively on a strip that extends for 45 miles from Crabwood Creek to New

Amsterdam. There is one main "public" road that cuts through the villages and towns. The numerous villages that dot the coastal plains are separated from each other by canals. Chinesefield has a rural character to it. It is located about 3 miles from Skeldon, a nearby town and trading/shopping center. Between the canal or "trenches" Chinesefield extends for about 3/8 of a mile, with houses located on both sides of the public road. The houses are built close to each other with little land space between them. The village contains roughly 155 houses of different sizes. The houses are built on stilts mainly of wood or of concrete blocks with metal roofs. To the east of the homes are mangrove and courida swamps, while to the west are farmlands that extend inward for about 4 miles.

The village contains a matia (a Hindu temple), a rice mill, small shops that sell groceries, and numerous rum bars. It has a nursery school, but older children attend a primary school in the next village. The inhabitants are mainly rice farmers, canecutters, factory workers (sugar and rice), fishermen, watchmen, small tradespersons, taxi drivers, and a few professionals. The village boasts a doctor and a few schoolteachers. The village population is entirely made up of people of East Indian background. Animals roam freely through the village, and the public road is used for social and business transactions.

The four families in our study live in close proximity to each other on both sides of the public road near the center of the village. At the time of our study all of the families had adequate shelter.

Rauf (1974) provides a more detailed description of Guyanese village life and its sociodemographic characteristics. The village he studied, Crabwood Creek, is only a few miles from Chinesefield, and they have similar characteristics.

THREE GENERATIONS OF FATHERS

Our discussion in this segment of the paper concerns descriptions of three generations of East Indian Guyanese fathers in a format inspired by Amy Tan's novel *The Joy Luck Club* (1989), a study of three generations of Asian women. Our observations focus on four families: four brothers, their children, and their children's offspring. Three of the four brothers were in their seventies when some of the household observations and interviews occurred. They all lived in extended family units. The fourth brother died in 1950. The fourth family was retained because it presents an interesting contrast to the others in that it was a "father absent" family for a portion of the time, and it was perceptibly held together by a matriarch. For purposes of clarity, the families will be referred to as *Manu, Hebry, Mahipat,* and *Overseer.*

The First Generation of Guyanese Indian Fathers

Manu, Hebry, Mahipat, and *Overseer* were born in Guyana to Indian immigrant parents, *Baap* and *Mai.* In the absence of accurate records on families, we estimated that *Baap* and *Mai* came from India in the late 1800s. The exact location of their ancestral birthplace is not known, though most indentured servants came from Bihar or Uttar Pradesh (see Jagan, 1966). Why they chose Chinesefield as a place to settle, and the nature of their indentured servitude in the sugar plantations, are not topics of interest in the current manuscript. Instead, we focus on the role of the father in three generations of men who are descendants of *Baap* and *Mai.*

Like their brethren in India (Karve, 1953; Mandelbaum 1970), the men who were brought to Guyana were patriarchal. Deeply rooted in filial piety, their belief structures were tied to dominance and subordination. Quite often they placed strong emphasis on the Laws of Manu, and religious practices that were in favor of the dominant position men hold in the family (see Kakar, 1992; Roopnarine & Hossain, 1992; Suppal, 1993 for more recent discussions of these issues). *Baap* was no exception to this pattern of dominance. He was the undeniable head of the household, very strict, the disciplinarian, and was feared by his children. He maintained considerable distance from early caregiving and was mainly responsible for the socialization of sons as they got older. He taught his sons "ricefield work" and sought work for them in the sugar estates when they were older. *Baap* was the main link between his children and the community, and taught his sons the inner dynamics of the male subculture (see Jayawardena, 1963). Except at the time of marriage, he had little direct social contact with his daughters. *Baap's* role in educating his children, formally or informally, is vague. There was limited access to schools and learning Hindi may not have been emphasized in the family because of the emphasis placed on communicating in English in a British colony. In general, women and children were subservient to him, and he was to be consulted regarding all financial matters and purchases. These tendencies are similar to those reported of men in India even today (Kakar, 1992; Suppal, 1993).

Immersed in male dominance from birth and seemingly equipped with the requisite understanding of the male's role in East Indian culture, as young men *Manu, Hebry, Mahipat,* and *Overseer* started families of their own. Brides were selected for them from other villages, and they married and established separate dwellings as their offspring became older. In the late 1960s and early 1970s, when our interviews began, the four families had well-established dwellings and by all accounts were doing well economically, since they had acquired land through purchases or inheritance. It is at this point, then, that our excursion into fatherhood among the three generations of men begins.

Case 1: The Ricemiller Manu and his Sons. *Manu* was a rice miller and farmer. Clearly, he was the wealthiest and most successful rice farmer in the village. He has four sons: *Heeralal, Bud, Shortboy,* and *Sunilal.* Together with three of his four sons, their wives, and their children, *Manu* and his wife, *Parbati,* lived in what is clearly the largest house in the village. The eldest son lived with his wife and children in a separate house in the next village. The extended family worked collectively, often pooling economic resources and sharing child care and other responsibilities. Daughters-in-law were always mindful of their husbands' needs and understood that their husbands and their mothers- and fathers-in-law were superior to them in the hierarchy.

Manu was a strict and temperamental individual. He was fastidious and quite conscious of his acquired economic status in life. His sons found him difficult at times and feared him to a certain degree. Until his death in 1983, most activities in the household revolved around his needs and requests. Though at times he was quite jovial, it was difficult to judge *Manu's* warmth and interest in the emotional life of his children and grandchildren. Most of the time he showed affectional distance from his sons. There is no doubt that he loved them, but there were few public displays of affection toward them throughout the childhood and teenage years. He did provide guidance in the realm of moral education. This occurred through verbal reprimands and by making reference to Hindu scriptures and mythology, and by pointing out exemplars of good conduct. It is doubtful that *Manu* was ever involved in primary caregiving; providing economic support for the family was his primary concern. The children were inculcated into work early in their lives; their parents were judicious in assisting them to alternate school and work activities.

Altogether, *Manu*'s sons have 22 children: *Shortboy* has two sons and five daughters; *Heeralal* has one son and three daughters; *Bud* has three sons and three daughters; and *Sunilal* has two sons and three daughters. While there may have been subtle differences in the parenting styles of these men they displayed minimal interest in primary caregiving. Of the four families considered, nowhere else is the notion that early caregiving is the "mother's responsibility" more prevalent than among *Manu*'s children. These men strongly believed in the traditional dichotomy of domestic roles. Two brothers, *Shortboy* and *Sunilal,* offered strong guidance in the areas of educational training. Both valued educational pursuits immeasurably and provided numerous opportunities for their children to achieve at higher intellectual levels. The other two were more inclined to steer their children into the family business. Because most of their energies were devoted to the family business, the four brothers hardly spent extended periods of time with their children during the early childhood period. Affection was rarely displayed from father to child. Fathers were expected, however, to discipline their children. Against this backdrop, how involved are the offspring of *Bud*, *Heeralal*, *Shortboy*, and *Sunilal* with their children? Perhaps the most uninvolved father among the four brothers, *Bud* has sons who are equally as uninvolved with their children as he was. *Heerlal's* only son also seems disinterested in caregiving. *Shortboy*'s two sons show contrasting patterns of involvement with young children: One is minimally involved, and the other appears moderately involved in the physical care of his children. *Sunilal*'s married son is a medical doctor. He is by far the most involved father of all of *Manu*'s progeny.

With rare exceptions, the third-generation men hold dominant positions over their wives. Just as their fathers did, they see themselves as economic providers and only enter the emotional climate of the family at convenient times. Their interactions with their children remain distant, and close didactic encounters are uncommon.

Case 2: Hebry and the Case of the Feuding Brothers. *Hebry* was married to *Papun*, and they have four sons and three daughters. *Hebry* died in 1950, when he was 45 years old. Prior to his death, *Hebry* operated a small grocery business out of his home but also traveled to the market at Skeldon to sell goods. His business was not very successful; his sons inherited the burden of paying off his debts and rectifying bad business deals he had initiated. *Hebry* was also a rice farmer; he was more successful in this endeavor. Before his death, he had an affair with a nearby woman that resulted in the birth of a daughter. This created a lot of friction within the family, and *Papun* attempted suicide.

From our interviews with *Hebry*'s sons *Sugarboy*, *Dalboy*, *Dexter*, and *Chunilal*, the following profile emerged of *Hebry* as a father. *Hebry* was strict, but somewhat negligent, and argumentative. *Hebry* spent little didactic time with his children; most interactions revolved around work and the economic welfare of the family unit. In psychological terms, his death was a tremendous hardship on the family and may have had a negative impact on his children's mental health. Some of *Hebry*'s sons appear angry, austere, somewhat cold, and interpersonally inept. These attributes, though, may be the consequence of the interplay between a lack of father guidance and economic hardship.

After *Hebry*'s death, *Sugarboy* and *Dalboy* were responsible for the economic and social welfare of the family. With the help of his brother *Dalboy*, *Sugarboy* became the chief economic provider for the family. *Dexter* and *Chunilal* were too young to contribute to the economic base of the family; they assisted with rice farming and cattle herding. *Papun* was consulted from time to time about family matters; on difficult matters, she solicited help from her husband's brothers. Family solidarity was strong until *Sugarboy* and his wife *Di* decided to split off and establish a household of their own soon after marriage. After several meetings among *Hebry's* surviving brothers, *Sugarboy* was given some of the resources that were present in his extended family: a small portion of rice land and a tractor that they had bought jointly. *Sugarboy's* departure from the ancestral home marked the onset of long-standing conflict and hatred among family members. Some of the strife exists to this day. Essentially, *Sugarboy* and his brothers rarely spoke to each other, and most of the relatives in the other clans scoffed at *Sugarboy*'s efforts to become economically independent.

Dalboy was married to *Vidya*; they could not bear children. *Vidya* died in 1991. *Dexter* left Guyana in 1962 to study in the United States. He is unmarried. *Chunilal* married *Maya*, and they are unable to bear children. Thus, we are unable to decipher what the level of these men's involvement with young children might be like. The rest of our discussion here focuses on *Sugarboy* and his sons.

Disregarding family planning and subscribing to the belief of the economic value of large families, *Sugarboy* and Di bore a daughter and six sons. Upon the birth of his daughter, *Sugarboy* left the house promptly and did not return for about a month. He was disappointed that his first-born child was a girl. Conversely, the birth of his sons was the cause of much jubilation and celebration over the years. To illustrate: On the birth of his first son, *Sugarboy* got drunk, sang, and was in quite a festive mood, which was rarely seen in an otherwise socially withdrawn man. The preference of boys over girls is steeped in the history of the Indian family and is reflected in sacred Hindu texts, folk songs, and religious practices (see Suppal, 1993).

Sugarboy is the prototype of an uninvolved father. He was always working and thus had little time to interact with or socially groom his children. He was even less involved in their educational pursuits. When he did become involved, it was for the purpose of dispensing harsh discipline. In short, for most of his life *Sugarboy* was emotionally distant from his children. Caught between the web of conflict with his own brothers and the unrelenting guilt he still feels for "abandoning" his family of origin, there is still deep-seated anger in this man, which impinges on his ability to be an effective parent. He fluctuates between being permissive and authoritarian and shows a marked inability to display affection to his children, particularly his daughter. At 68, his anger appears to have consumed him to the point where he withdraws from social activities and spends a lot of time by himself.

In the classic words of Edith Clarke, *Di* was the "mother who fathered her children" (see Clarke, 1957).

Sugarboy, his wife, and their children all live in the United States at present. Two of his sons got married and are now divorced. The other sons are all in college. Are *Sugarboy*'s married sons involved fathers? The eldest son, *Bigboy*, is a very involved father who has made concerted efforts to reorganize the internal working models of the gender-differentiated behavioral patterns that he became acquainted with through childhood socialization. He enrolled in birthing classes, was involved in the delivery of his two children, and routinely fed, bathed, cleaned, and read to them during the entire early childhood period. When his children were infants, he occasionally cared for them in his office. This level of commitment continues to the present; he often takes his children to social events and activities, to the park, and is quite involved in their educational training through advocacy and exposure to academic issues at home and in the community at large.

The second son, *Rishi,* was reasonably involved in caring for his son, although his wife was the primary caregiver. He bathed and fed his son and took him for walks on the public road. He was quite involved in his son's educational growth, often emphasizing the value of learning, and providing educational materials for him. His involvement was tempered, however, by conflicts over custody issues as police and legal intervention prevented him from gaining full access to his child. Up to the time of his departure from Guyana, *Rishi* was a committed and caring father. It has been 8 years since he last saw his son, but he maintains contact with him through relatives and correspondence. He provides economic support for his upkeep.

Case 3: Mahipat, the Single-Parent Father. The second of Baap's sons, *Mahipat,* was a rice farmer who also worked part-time regulating the water drainage system in his district. He was married to *Flash,* and they have two sons and four daughters. *Mahipat*'s wife died when their last child was born. With the exception of a brief two-year period when he had a common-law partner, *Mahipat* remained a single-parent father. With assistance from his mother, older daughters, and other women in the village, *Mahipat* was primarily responsible for his children's social and economic needs. He was a quiet and kind man who exercised good judgment in determining what was best for his children. If *Mahipat* had a major flaw, it was that he believed in physical punishment and used the belt with great freedom.

His sons, *Foto* and *Bob,* profited from his warm guidance; his daughters, however, show the deleterious effects of the lack of genuine maternal warmth. These women, successful in their own right, display a good deal of ambivalence in interpersonal relationships and can be overwhelmingly sensitive to wide-ranging issues. We are not implying that other warm women were not available to guide them during early childhood and adolescence. It is the context in which warmth by others is displayed to which we call attention. In those days, children were pitied when their parents died and were constantly reminded of how things could be if that parent were alive. Consequently, children maintain allegiance to the dead parent and may shun possibilities of forming emotional ties to other female members, out of deference to the missing parent. Needless to say, this places children in an emotional quandary; they may miss out on primary experiences that are essential for building trusting relationships.

As we intimated above, *Mahipat*'s sons were the major benefactors of his warmth and guidance. Both sons are married; *Foto* has three daughters, and *Bob* has four daughters and a son. *Bob* died in 1967, at the age of 38. *Bob* was peripherally involved in primary caregiving but was a good provider to his family. What is impressive about this family is the adoptive paternal role *Foto* assumed in caring for his brother's children, both economically and socially. He was kind and receptive to social and other overtures from his brother's children. He offered warmth, support, and guidance throughout their childhood and teenage years. The same kind of dedication was obvious in his interactions with his own children. To this day, he is consulted by his brother's children on important family matters. Despite such commitment and involvement, *Foto* was not a primary caregiver. The day-to-day care of the children was the responsibility of his wife and sister-in-law.

Foto, his family, and brother's family currently live in the United States. *Foto*'s nephew was married and is divorced. He has no children.

Case 4: The Village Overseer and Conflict. The most educated of all of *Baap*'s children was *Overseer*. Being a village overseer, he held an important civil service position in Guyana and was a well-respected man in the community. He was married to *Bipti*, and they have 12 children, five sons and seven daughters. Not unlike his brothers, *Overseer* was not centrally involved in caring for his children. His paternal role was largely characterized by verbal instruction and reprimands. *Bipti* was the primary caregiver and carried out most of the household responsibilities.

Because of *Overseer*'s job status, he felt strongly that his children should display educational and social responsibility. This was not the case, however. If his brothers' children respected paternal authority, *Overseer*'s children defied it. Initially, his children heeded his verbal guidance, but as they got older they questioned it on several counts. There was a good deal of conflict between *Overseer* and his sons; this escalated to the point it caused enough uneasiness and tension between sons and father so that they avoided each other for prolonged periods. It is not the case that *Overseer* was a neglectful father. Mistakenly, he relied on his status as an important man in the village to have a strong impact on his sons' lives and to keep them in line with the moral and social principles he espoused. Modeling and the pressure of living in a home with an "important" father, he reasoned, would be sufficiently motivating to enable his children to inculcate good values in their personae, but his strict and detached parenting style distanced his children from him.

Overseer's sons, *Mack, Morris, Badmas, Sid* and *Popo,* are all married. Among them, they display varied interest in their children's educational and social needs. Not unlike their cousins in the other families, they were rarely involved in primary caregiving during the early childhood period. *Mack,* who has two daughters and two sons, is a strict father who engages in playful and sarcastic interactions with them. On occasions, he can be very warm. For all intents and purposes, though, he is a domineering father who displays erratic parental behavioral tendencies. The disharmonious relationship he had with his father is quite obvious in his current relationship with his own son. *Morris,* by comparison, is quieter and more involved in family life. Nonetheless, he too maintained some distance from caregiving. He is, however, quite interested in his children's social and cognitive development. Both *Mack* and *Morris* are good economic providers. The other brothers, *Badmas, Sid,* and *Popo,* are somewhat detached from their families of creation. *Sid* is very neglectful of his paternal responsibility and is neither the provider nor the father his family may have expected him to be. *Badmas* may show a greater interest in his children's welfare, but he is as distant from any form of caregiving as his brother *Sid. Popo* has no children. In this family, the third generation of men are yet to be fathers.

A SYNOPSIS

These four families present contrasting patterns of social cohesion and levels of paternal involvement. In all families, the first two generations of men were inclined to assume a traditional posture toward basic socialization and caregiving activities. Some change in paternal responsibility is noticeable among educated third-generation men; these men may see the value of more egalitarian spousal relationships and the benefit of democratic as opposed to autocratic childhood socialization techniques.

Research findings confirm the patterns of paternal involvement noted in the four families. LaRossa (1993) found little change in the caregiving roles of U.S. men across several decades. The Guyanese East Indian men we examined regarded the provider role as their chief responsibility and this substantiates the lack of role convergence noted for other ethnic groups (see Blair & Johnson, 1992; Lamb, 1987). Across cultures men spend far less time in childcare and household tasks than women (see Hossain, 1992; Lamb, 1987; Pleck, 1985). In regard to this, it is not surprising that higher levels of paternal involvement are more characteristic of third-generation East Indian men who are more educated. The association between educational attainment and paternal involvement has been demonstrated in several studies (Ahmeduzzaman & Roopnarine, 1992; see Lamb, 1986).

In the absence of profound changes in men's behavior, it would be easy to intuit that there is strong cultural continuity in paternal involvement across generations. Furthermore, if we compare the paternal involvement of these men with those of their brethren in India, would this provide a basis for addressing the issue of cultural continuity more fully? While it was not our intent to engage in any deep ethnohistorical interpretation of our brief observations (see Vervotec, 1991), such a slant may allow us to view the paternal role of East Indian men in Guyana in a broader context. From scattered anthropological and psychological data on men in India over this century, there is no evidence to suggest that they are rushing to embrace caregiving roles (Kakar, 1992; Roopnarine, et al., 1990; 1992a, Suppal, 1993). Does this signal, then, that East Indian men in Guyana exhibit patterns of caregiving inherent in their culture of origin? This is possible for the first two generations of men we considered. Disregarding the fact that there are certain consensual issues that are common to the different cultural groups in Guyana, the first few generations of East Indian men had a definite link to their forebearers in India through religious ceremonies and practices that emphasized the dominance of men and the duty of the wife to the husband (pativarata). They were also reminded of the status they enjoy as men through literature imported from India, Indian religious lecturers who lived and preached different strands of Hinduism in Guyana, by viewing Indian films that depict traditional life and female subservience, by radio programs that delved into Hindu rites and beliefs, and through travel to India. Thus, as carriers of their "Indianness," they maintained some of the patriarchy in the face of colonization, the loss of the Hindi language, and exposure to other distinct cultural groups in Guyana. To us, the men we examined maintain a distinctness that is congruent with the patriarchy evident in men in India.

When we turn to the third generation of men involved in our discussion, the case for cultural continuity becomes murky, though. Guyanese society has undergone rapid sociopolitical and economic changes and has experienced mass outward migration. Increasing numbers of third-generation men and women are exposed to patterns of social interaction and lifestyles that are prevalent in North America and Europe, and women are challenging the tenets of patriarchy in East Indian culture. Simultaneously, there is movement away from traditional Indian values such as arranged marriages, timing of childbearing, and conservative sexual values. This generation of East Indian fathers is in a period of critical flux. The question is: will they be different than their fathers as far as paternal involvement is concerned?

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4

Caribbean Fatherhood: Underresearched, Misunderstood

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Man: Man is under severe pressure.
Woman: Woman, too! If I didn't have that gentleman . . .
Man: You got a backings. Who gon' back man?

(Conversation from Guyana)

The situation of men in the Caribbean has only recently come to the systematic attention of the research community, which has generally looked at Caribbean men with regard to the needs and perspectives of Caribbean women. The Decade for Women produced in the Caribbean, as it did internationally, a wealth of articles, research projects, plays, and novels which amplified the voices and visions of Caribbean women calling for changes in long-standing structures of female oppression. The women's movements in the Caribbean have successfully begun to challenge and change patriarchal structures of government and legal and social organization; professional women are rapidly making their numbers felt in positions of senior management and in traditionally male-dominated professions. Females now outnumber males two to one on the three regional campuses of the University of the West Indies.

As women shed some of the constraints of family roles, social behaviors, and vocational expectations traditionally dictated by gender, men are variously confronted in debates, formal and informal, about economic and social equity, healthy family life, man-woman relationships, and the varied needs of children. Debates address challenges to perceived male patterns of behavior and thought.

There is a growing literature in the technologically developed regions of North America/Europe addressing the relatively new research area of "men and family." Studies have examined the role shifts, social behaviors, psychological states, and parenting behaviors of men under pressure to adapt to the changing and emerging roles of women.

Some of this literature indicates that role shifts are in fact taking place, and that many men are participating more fully in the care and nurturing of children, and sharing domestic duties with their female partners (Engle, 1994). Other studies suggest that despite considerable mass media attention to "liberating" shifts made by "The New Man" in developed societies, such shifts have not resulted in real equity in family relationships and responsibilities (Cohen, 1990; La Rossa; 1988; Lamb, 1987). Rather, women remain the major caregivers of children and homemakers for families (Engle, 1994; Evans, 1995) and single-parent families are on the increase (Bruce, Lloyd, & Leonard, 1995). Yet others suggest that many men feel more defensive and confused than liberated by these calls for change and adaptation; traditional ground has been pulled from under their feet, and there are many mixed messages in discussions of alternatives (Evans, 1995).

What does the germinal research on Caribbean men suggest is happening in this region of developing countries, so affected by North America and Europe in many ways, but still so historically, culturally, and economically apart? Is a new Caribbean Man in fact being shaped, retooled? Are there many Caribbean men's voices that welcome or join women's calls for greater gender equity in domestic life and public life? Or are most men voicing defensiveness and confusion in the face of threatened losses to traditional areas of hegemony? Is there any evidence in the ways that Caribbean children are being raised that suggest whether gender roles are being more widely and more flexibly defined than they were for their mothers and fathers?

This chapter will explore these questions first through a brief look at recent reviews of the research literature of the region, and second with specific reference to two recent studies based at the University of the West Indies that examined these questions directly. Finally, a few men who are members of a fathers' support group in Jamaica will speak about their own experiences.

THE CARIBBEAN LITERATURE ON MEN AND THE FAMILY

Two research projects at the University of the West Indies (UWI) have recently sought to address a serious dearth of quantifiable and other reliable data about Caribbean men—about how they view themselves as men, as partners with women, as fathers; about how these views manifest in social behaviors and wider cultural patterns. The first two-year study (Brown, Anderson, & Chevannes, 1993) used quantitative and qualitative approaches to document the attitudes and behaviors of men in Jamaica in relation to their families of origin and of procreation. The second study (Brown & Chevannes, 1995) conducted qualitative investigations into the origins and manifestations of gender role socialization, with particular attention to the socialization of boys within the family and the wider community.

The literature reviews by Chevannes for the first study and Roopnarine for the second uncovered little to challenge the common characterization (and caricaturization) of Caribbean men as absentee or irresponsible fathers, unfaithful partners, frequent perpetrators of domestic violence, and marginalized by choice or circumstance from the mainstream of family life. Almost all references to men in the sociological and family literature of the region were from the perspectives of women or of women's issues, and filled in very few of the blanks in our understanding of how men see and know themselves.

A woman from Montserrat, addressing a researcher, summarizes the sentiments of many Caribbean women, and conveys in a few words most of the stereotypic thinking about Caribbean men encountered in the literature:

> Women do run the households. West Indian men don't like to do any work at all either. A lot of West Indian men like to drink. Those that do work to support their families usually do not make enough to support their drinking habits and their families. So women have to go to work too. Women are used to supporting themselves, so they do it when the men are here and when the men are gone as well. They tell their daughters not to depend on men, but on themselves. They should tell the sons to have responsibilities, but they don't. It is the women who become responsible. (Moses, 1975)

The two literature reviews did, however, serve to remind readers about the dangers of making facile parallels with other societies whose history, politics, and socioeconomic conditions differ widely from the countries of the Caribbean. For example, we are reminded that the matrifocality of the Afro-Caribbean majority is a well-documented historical fact.

> One of [the] most striking features [of the Afro-Caribbean family] is the overall dominant position of women, both in relation to the children and in relation to its very structure, and conversely the apparently marginal presence or sometimes complete absence of men. Few other places in the world claim over 30% female-headed households, as exist throughout the Caribbean. (Brown, Anderson, & Chevannes, 1993)

Whether this phenomenon is attributed to African retentions of social organization (Herskovits, 1941) or the sundering of most vestiges of family organization by the institution and practices of slavery and the economic requirements of its aftermaths (Frazier, 1951; Simey, 1946), the patterns of mother dominance in family life prevail to the present. An early work in family research in Jamaica by Edith Clarke (1957) gave prominence to economic conditions that critically affected family forms; the higher the income, the more likely it was that families mirrored European-style married/patriarchal forms. Low-income families were more likely to be female-headed/dominated, within visiting or common-law unions, and with lower male participation in the home. Across classes she noted that the mother-child bond was the most intimate within the family, with fathers, when present, assuming the more effectively distant roles of disciplinarian and provider.

However, the literature also notes studies interviewing women as far back as 1961 (Blake) and 1964 (Stycos & Back), which posited that even the "norms" of the frequently absent or visiting father did not suggest that fathers were not important factors in family life. Fathers were still expected to provide discipline (especially in bringing up sons) and financial support for their children from present and former unions. Subscription to the concept of male family headship—even among women headed households—remains a common reflection of the patriarchal structures that still dominate the social, economic, and political structures outside the family, and also reflects the strength of female expectations of male responsibility. More recent surveys of men by Chevannes in Jamaica (Chevannes, 1985) and in Barbados (Dann, 1987) confirmed that men, too, see their primary functions as financial provision for children and moral upbringing/discipline.

Several critical historical/social factors such as colonization and slavery African and Indian religious and cultural retentions, interwoven with European forms of Christian worship and social organization and the powerful influences of entrenched urban and rural poverty, caution against social analyses or prescriptions derived from cultural contexts outside the Caribbean. This is even more emphatically true when such sensitive and culturally determined phenomena as gender roles and family functions in child rearing are examined.

THE JAMAICAN STUDY: THE CONTRIBUTION OF CARIBBEAN MEN TO THE FAMILY (CCMF)

When the Caribbean Child Development Centre of UWI began focusing more pointedly on parenting education in the mid-1980s, the dearth of objective data about male parenting presented a stumbling block to informed development and advocacy efforts. Funding was secured in 1990 from the International Development Research Centre (IDRC) for a two-year study to examine male attitudes and behaviors in relation to their families. UNICEF and CUSO later gave supplemental funds to the project.

Two research methods were employed in the CCMF study:

1. A survey was administered to 700 predominantly low-income and working-class men from two urban and two rural communities. A range of family life and child rearing issues were explored in interviews averaging 45 to 60 minutes per respondent.
2. Most of the same issues were explored and sometimes expanded in discussion series with groups of men and women drawn from the same or adjoining communities. Two facilitators—male and female—guided these groups through participatory activities that evoked discussion related to selected research themes.

The analysis of the data found the two methods to be generally complementary and mutually re-inforcing. The group discussions allowed more flexibility to pursue in depth topics of greater interest, as well as some topics with very limited survey reference. Topics covered included:

1. Reflections on structures, relationships, and factors perceived as shaping one's character and behavior, within families of origin.
2. Issues in establishing families of procreation: partner selection, conception and contraception, paternity, headship.
3. Meanings which fatherhood has for men related to identity and self-esteem, financial and other responsibilities, "inside" vs. "outside" children (within or external to primary partnership), aspirations for children.
4. Division of labor between partners for housework, child care, child maintenance, issues of authority, discipline.
5. Issues of sexuality within the family, preparation of children, initiation, infidelity, double standards, sexual satisfaction, expressions of love.
6. Influence of peers and peer culture on men's family relationships and obligations.

7. Balance of power issues between men and women in and outside the family, family conflict management, decision-making between adults, with children.

The Findings of the CCMF

Figure 4.1 and Table 4.1 describe some of the general characteristics of the men surveyed. While the study was not able to employ a statistically random sample design, the characteristics of the men described below concur quite closely with independent sources of demographic/social data on their communities. While there must be caution in generalizing to the wider population, the findings do point to an impressive regularity in behaviors and attitudes that argues for the existence of consistent underlying cultural prescriptions regarding mating and parenting.

Figure 4.1 Study Sites.

A. *JAMAICA Rural,* farmers (small-medium holdings), artisans	**B.** *JAMAICA Urban,* blue collar, clerical, owners & tenants, stable	**C.** *JAMAICA Urban,* inner-city, no/low wage employment, volatile
D. *GUYANA Urban,* Afro-Guyanese, no/low wage employment, Govt. Housing	**E.** *GUYANA Urban* outskirts, Indo-Guyanese, sugar workers, working class	**F.** *DOMINICA Urban,* out-skirts, housing scheme, blue-collar, ex-rural residents

Table 4.1. Social, Demographic, Employment Characteristics of Community Samples

Communities	*A. Deep rural [N=100]*	*B. Rural, near city [N = 99]*	*C. Urban inner-city [N = 254]*	*D. Urban blue-collar [N = 250]*
Age				
<30 years	19.0 %	34.3%	43.3 %	29.2%
30–34 years	20.0	17.2	19.3	12.8
35– 39 years	14.0	19.2	12.2	16.0
40– 49 years	31.0	20.2	16.9	29.6
50–59 years	16.0	9.1	8.3	12.4
TOTAL	**100.0**	**100.0**	**100.0**	**100.0**
Mean Age	35.5 yrs	35.5 yrs	33.4 yrs	37.1 yrs

Table 4.1. (Continued)

Communities	*A. Deep rural [N=100]*	*B. Rural, near city [N = 99]*	*C. Urban inner-city [N = 254]*	*D. Urban blue-collar [N = 250]*
Education				
Primary or less	76.8	81.8	59.3	44.3
Post-primary	23.2	18.2	40.7	55.7
Religion				
Estab. Churches	9.0	22.7	19.1	29.7
Pentecostal	30.0	34.0	23.6	24.1
Adventist	14.0	13.4	4.1	7.7
Other	15.0	6.2	12.6	6.0
None	22.0	23.7	40.6	32.4
Labor Force Status				
Working	93.9	92.9	84.1	89.8
Unemployed	4.1	5.1	12.7	5.7
Not in Labor Force	2.0	2.0	3.2	4.5
% Unemployed	4.2	5.2	13.2	6.0
Occupation	[*N* = 100]	[*N* = 99]	[*N* = 243]	[*N* = 243]
White-collar	7.1	9.2	19.1	45.7
Blue-collar	17.3	33.7	58.5	46.9
Service workers	1.0	2.0	3.3	3.7
Unskilled, Vendors	3.1	5.1	17.0	3.7
Farmers/Fishermen	74.1	49.5	2.1	0

The common life cycle pattern of conjugal arrangements among the majority poor and working-class Jamaicans is apparent (see Table 4.2) when age groupings are broken down. In this pattern, sexual activity and often childbearing begin in visiting unions, with partners remaining in their families of origin. With age and greater economic independence, couples often enter common-law unions that may or may not contain children from previous unions of either partner. Common-law relationships may end in marriage only after many years, sometimes even after all children are grown. An average of 9.35% of fathers under 30 are married, while 41.3% are in common-law unions and 44.9% are in visiting relationships. By the time the men are 50 or older, however, an average of 54.3% are married, 24.2% are in common-law unions, and only 8.9% are in visiting unions.

The tables reveal the importance of examining the man and his *families* in order to describe his domestic contributions fully. The study therefore

Table 4.2. Conjugal and Domestic Characteristics of Community Samples

Communities	*A*	*B*	*C*	*D*
Union Status				
Married	21.6%	34.7%	15.9%	44.5%
Common-law	47.5	35.7	36.3	25.9
Visiting	20.6	26.5	34.3	18.6
Other	6.2	–	0.4	5.5
None	4.1	3.1	13.1	5.5
Total %	**100.0**	**100.0**	**100.0**	**100.0**
Baby Mothers				
One	51.5	58.6	54.4	53.2
Two–three	34.3	37.4	37.7	40.4
Four or more	14.1	4.0	7.9	6.4
Total	**100.0**	**100.0**	**100.0**	**100.0**
# of Children				
One–two	36.0	54.1	54.0	47.4
Three–four	32.0	26.5	29.4	31.7
Five or more	32.0	19.4	16.6	20.9
Total	**100.0**	**100.0**	**100.0**	**100.0**
Family Situation				
Lives w/ at least 1 child under 19	61.0	55.6	48.0	63.2
Does not live w/ children under 19	27.0	36.4	45.3	28.4
Has no children under 19	12.0	8.1	6.7	8.4
Total	**100.0**	**100.0**	**100.0**	**100.0**

had to begin with a man's family of origin, in which obligations and expectations of a son are formed and often remain strong throughout the male's lifetime. Then the study looked at how the common multiple-union pattern of men tends to add more complex obligations and expectations as the man grows older. Thus a man's family may be defined differently at different points in his life as he views his familial responsibilities to his parents (especially his mother), to his siblings and their children, to the mother(s) of his children, to his outside child(ren) from earlier unions, and to any child(ren) with whom he now resides in common-law or marriage.

Some of the broad findings of these examinations from the survey and group discussions are the following:

1. **Men contribute more to family life than is credited.**

   The research confirms the voluminous documentation on Caribbean women's role as primary caregiver of children, and the fact that many carry this role without their children's father residing in the home. It does, however, provide evidence that men are far more involved in positively contributing to family life than popular stereotypes suggest. Another study of working-class Jamaican fathers living with young children and their mothers (Roopnarine, Brown, Snell-White, Riegraf, Crossley, Hossain, & Webb, 1995) suggests the amount of time these fathers spend in child care weekly is comparable to the time spent by counterparts in Europe and North America (Engle, 1994).

2. **Most men aspire to be "good fathers."**

   Jamaican men have clear ideas about what a good father should be, and feel responsible, with the mother, for inculcating moral values and social skills in their children. Although many admit that they cannot or do not always fulfill their responsibilities to the extent they feel they should, they define their responsibilities to include not only the undisputed role of financial provider, but also counseling and communicating with their children, and generally being a role model.

3. **Men are active with their children and perform domestic chores, but do not feel enhanced by these tasks.**

   The majority of men in both the survey and in the discussion groups described their active participation in tidying, playing, and reasoning with their children, and helping regularly with homework. Forty to 50% of the urban samples of men cook, tidy the house, and go to the shop at least twice a week, although those living with partners report somewhat less involvement in these activities than those living separately. This finding of an active level of parenting beyond mere financial support (or "minding") is new.

4. **Being a father has strong personal meanings for men.**

   Fathering is both part of a man's self-definition and his route to maturity. While fathering was not seen as limited to children under a common roof, this was nonetheless considered the ideal, and the situation that allowed a man to contribute most to his children's development. For those fathers who lived with children, there was a common acceptance of economic responsibility, but wide variations in their understanding of the social and psychological components of fathering.

5. **A child's relationship with her/his father is linked significantly to the man's relationship with the child's mother.**

   If the father or mother selects another partner, or if they separate for other reasons, children most often remain with their mothers. In the two urban samples, because of this father-child separation, a quarter to a third of the respondents were dissatisfied with their fathering role and/or how their children were growing, and in many cases fathers cited the mother's lack of cooperation in allowing visits.

6. **A man's "outside" children appear more psychologically vulnerable than "inside" children.**

In the CCMF study, 56% to 71% of men in the communities sampled had at least one outside child. The perceived vulnerability of these children derives from a number of factors. Children born early in a man's life, which provide him self-enhancing status as proof of his manhood and prowess, often become destabilizers of new man-woman relationships later. The outside child represents the previous partner, a potential emotional and economic threat. The father or mother may sacrifice the welfare of that child as a condition of a new romance or to strengthen the economic contribution in a new union.

Because of patterns of multiple/serial partnerships, the family arrangement in which many children grow cuts them off from active interaction with their fathers. In this situation the attitudes of many of our sample fathers seemed to be "Win some, lose some." It was observed that in avoiding contact with those outside children who live under another man's roof, there seems to be an implicit attitude on the part of men that respects each other's rights over women, even at the expense of the father-child bond. However, it is not known to what extent these outside children are stepfathered in subsequent family configurations, or are left feeling substantially fatherless. The quality of the stepfathering also needs to be examined in terms of its psychological effects on children.

7. **The strength of the mother-son bond in the culture is significant.**

Men often feel subjected to competing demands from their families of origin and their family(-ies) of procreation. In large part this is attributed to strong culturally sanctioned bonds with their mothers; bonds that are often perceived by their partners/wives as diverting a man's emotional and financial commitments from them and their children. Mixed gender groups (in this study and in other CCDC workshops on the topic) often reflect that Caribbean mothers raise daughters to be independent and/or resourceful helpmates to eventual partners, but raise sons to remain sons. Speculation suggests this may be linked to the mother's own need for financial support, particularly as some form of "insurance" for her old age, and for emotional support not always supplied by a partner. More research is called for in this area.

8. Conditions of poverty negatively affect child rearing practices.

The extent to which economic deprivation and poverty serve to retard the development of more stable mating and child rearing practices must also be underscored. A popular song among women in the mid-1980s chorused "No romance without finance," and reflected a common reason given for a man's flight/ejection from a relationship in which his income is perceived as insufficient to cover the demands made by partner(s) and children (and perhaps his mother's family). Child shifting to the care of other relatives, and migration of one or both parents for prolonged periods, are also practices that are defended as essential for economic survival or for other benefits.

While the study did not survey the complete range of the socioeconomic class structure in Jamaica (concentrating on the majority population of lower- and lower-middle-class groups), the men in the community, with the highest levels of postprimary education and white-collar employment, were more likely than the men in the other three communities to be in a marriage or common-law union after age 30, and to have only inside children or fewer children outside the present family. The fathers as a group also expressed the highest degree of satisfaction or partial satisfaction with their fathering role, and less often gave as a reason for dissatisfaction an inability to provide sufficient economic support for the family. It is clear from the data that attitudinal change and structural changes are closely interrelated.

9. Respondents acknowledged the critical contributions of their own parents to their development.

While the consequences of poverty accounted for many reasons given for childhood unhappiness, separation from one or both parents and poor relationships with parent(s) were also frequently cited and discussed. Also significant was the extent to which it was felt by men and women that other socializing influences in their lives (church, street culture, school, and poverty) were overridden or strongly mediated by the nature of the positive or negative parenting they received. The training and guidance of "good parents" (including many examples cited of good fathers) were seen as the foundation for equipping children to cope with external challenges.

THE CARIBBEAN GENDER SOCIALIZATION PROJECT (GSP)

The Caribbean office of UNICEF was instrumental in initiating a second direct examination of Caribbean males, which sought to understand patterns that at least on the surface seemed to differ from gender realities in most of the rest of the world. These include the strong family patterns of matrifocality; the widening performance gaps in educational achievement that show women pulling ahead of men in increasing numbers at all levels throughout the educational system, and statistics suggesting that boys are more frequently abandoned in infancy and childhood, and less often chosen for adoption and foster care. Younger and younger adolescents are facing the courts and long prison confinements for serious crimes, including murder.

Early in 1993, UNICEF invited UWI's Department of Sociology and Social Work to design a study that would examine these phenomena in order better to inform their programs, which had focused almost exclusively on women and children for more than 20 years. The Department of Sociology and Social Work provided technical support and coauthorship of CCDC's CCMF study in Jamaica. Because this previous partnership specifically addressed male attitudes and behaviors in relation to children and families, the Department enlisted CCDC in jointly examining the various socializing factors inside and outside the family that produce "the Caribbean Man" from infancy.

UWI proposed to study gender differentials in the socialization of children in three Caribbean countries. Six communities were selected to reflect urban and rural, as well as economic realities of the majority of Caribbean populations—excluding the minority middle/upper classes for manageability (of time and budget).

Coinvestigators Brown and Chevannes chose the qualitative approaches of ethnography and participatory group discussion for this study.

> Whereas in the survey method . . . the cooperation [of informants] is premised on complete anonymity, in ethnography . . . cooperation is personalized and based on trust, on the rapport the ethnographer is able to establish with the people s/he interacts with. The ethnographic field is therefore narrow in range but penetrating in depth, as the ethnographer seeks admittance into people's personal world of interpretation and meaning (Brown & Chevannes, 1995).

The animators of group discussion similarly had to gain community entry and ultimate confidence in order to "help disparate persons become comfortable and trusting enough to talk not only with them, but also with each other, often about topics that were personal and sensitive (Brown & Chevannes, 1995).

In each of the six communities, a research team of four persons was trained to record material over a 6-month period from participant observation and personal interviews, as well as to stimulate active focusing and debate on the topics under investigation. One ethnographer (male in all six communities) worked largely alone conducting individual interviews and observing behavior. The other three formed an "animation team" to organize group discussions on the research topics with representative age, gender, and interest groups. Two group facilitators (male and female) and a documentalist made up the team and were responsible for collective reflections and recordings of relevant discussion content.

Team members were trained in methods of investigation and given an outline of potential research questions for exploration under the following general headings:

1. Gender preferences and other issues of pregnancy for men and women.
2. Gender role distinctions/segregation in the family in relation to household labor, income generation, and leisure activities among children, adolescents, and adults.
3. Rights that adults and children perceive that children have, at different stages of their development, and gender differences with respect to these rights.
4. Acquisition of social skills and behavior in relation to gender differences.
5. Behaviors that merit reward and punishment, the means of rewarding and punishing, and the differences in application with respect to gender.
6. Communication in families and among peers about male roles and behaviors.
7. Adolescent transition—the biological maturation and the formation of young male adult values.
8. Gender role expectations and performance of boys and men, as perceived and defined by men and by women.
9. Peer group socialization among children, adolescents, and adults.
10. What men and women believe about the historical, social, and cultural origins of "maleness" and male roles in the society.

Each community presented different challenges to the research teams. Heavy rains complicated one community's group investigations; political volatility blocked group activity in another. Each team developed its own style of community engagement. Despite differences in team composition and community responsiveness, all communities produced a range of relevant group discussions and produced informative ethnographic material addressing the key research topics.

All recordings (written and taped) were reviewed by the coinvestigators and eventually were summarized in community profiles (from the ethnographic data) and under recurrent themes (from the group discussion materials). The teams evaluated and revised these summaries and returned them to the six communities for further feedback in a range of participatory events designed by the research teams with residents to engage the wider community in re-examining and reconfirming key issues. This feedback, as well as the input from symposia in each of the three countries for key policy and program personnel to discuss the implications of the findings, will inform the final content analysis for a culminating monograph and other public education tools.

The Preliminary Findings of the GSP

A brief summary cannot do justice to the richness of the dialogues of the varied groups of children and young and older adults captured by the GSP research teams in these six communities. What the following attempts to capture, however, are the primary themes and content that recurred in discussion groups within and across communities, that emerged in the ethnographic material, and that were confirmed as accurate reflections in the evaluation meeting at the end of field work with all six research teams.

As discovered in research elsewhere, and in the CCMF study, men in this study found it almost impossible to separate concepts of manhood from their identities and roles in relation to women or as fathers to their children. This interrelatedness of meanings is evident in the following summary of the preliminary findings.

Manhood Is Clearly Defined but Increasingly Difficult to Achieve. Discussions of the concept of manhood were focused almost exclusively on three elements:

Sexuality/sexual identity. Manhood is attested by sexual prowess, and usually measured in terms of numbers of serial or concurrent female sexual partners. Secondary "proof" resides, then, in the number of offspring credited to this prowess, whether in or outside a steady relationship. This study confirmed the data in the CCMF study that men will sometimes accept a "jacket" (a child attributed to them but not biologically theirs) if others do not know the truth.

Fears/abhorrence of homosexuality were commonly expressed, particularly in Jamaican communities. Many parents believed that certain child rearing practices or child behaviors could lead to this "deviance." A modicum of tolerance was expressed only in terms of suspected genetic disposition that could not be prevented or cured, not in terms of choice of lifestyle. Manhood therefore clearly involves sexual activity with women.

The sooner manhood is established, the better for one's self-image, and, the sooner parents can relax about this aspect of their son's maturation. Therefore, sexual activity for boys begins early, with the discreet knowledge of parents, and sometimes the encouragement of fathers.

Primary role as provider. Men and women invariably ascribed the role of providing for the family as the first and foremost responsibility of men. A man who cannot provide for his family is not a man. Even when a female partner is working, provision is never seen as her major responsibility; her "baby father" is expected to provide financial support for his offspring.

Related to this role, man also is to be the "protector" of his family, and therefore must be aggressive, tough, and strong; he must "defend 'im youth," implying not only literal defense of his children against adversity, but ensuring their financial security.

Scriptural authority for family head. Manhood implies authority, particularly over women and offspring. This authority is seen as natural, "God's plan"; women almost equally with men across the six communities subscribed to this "ideal," even women who have headed their households alone for many years. Most of these women feel they are household heads by default rather than choice.

In real life, these three elements of manhood—proven and prolific heterosexuality, financial provision for one's family, and family headship—occur roughly as elements on a life cycle continuum. Manhood is first asserted through early sexual activity (in young adolescence). Eventually, other qualities are expected from a "real man"—qualities that demonstrate financial responsibility, toughness, and strength in defense of loved ones. The exercise of these qualities ultimately justifies a man's role and status as household head.

An inherent dilemma, however, resides in this pattern. Scoring high manhood points as a young man, by active sexuality with multiple partners, often sows the seeds of later difficulty, even impossibility in achieving success in the later stages of manhood. As some respondents expressed it, some men remain '"bwoys," or males only—never becoming real men who can meet the later criteria for manhood beyond the exercise of their sexuality.

This study confirmed the CCMF finding that boys and men are increasingly sharing domestic duties, but such tasks are still seen as predominantly "women's work" and do not enhance men's sense of self. Nurturing and homemaking skills, when acquired by men, are not generally seen as options that broaden the definition of manhood, or as substitute contributions when financial provision is lacking.

Man/Woman Relations Were Characterized by High Degrees of Distrust and Disillusionment. Given the above ascriptions for true manhood, and an economic climate that increases the difficulties of ever achieving such full manhood for the majority of men, this finding should not be surprising. These sentiments were echoed in discussions with men alone, with women alone, and with men and women talking together. They surfaced in virtually all discussions of the following major topics:

Male-female fidelity. Men generally defended their right to/need for multiple partners; women's concurrent/serial partnerships were most often seen by women as economic necessity, and by men as unacceptable for any reason, and punishable. As one man put it, "De ooman mus'n' do everyt'ing whe me a do. If me is a t'ief, de ooman mus'n' be a t'ief!" Social codes have evolved which dictate the "protocol" for women who share a man, and refer to financial as well as behavioral "rules" that are intended to protect the primary (especially common-law or married) partner and inside children above other partners and families. Some men defend outside sexual liaisons only if they do not substantially interfere with the maintenance of their children.

Power/authority. The assertion that "man is the head of the house" remains the point at which almost any discussion of male-female partnerships begins and ends—if not in fact, at least in spirit. Regardless of whether women have largely rejected this formula by choice or default or strongly endorse it, the idea that men should embody ultimate authority in family relationships informs most men's understanding of their roles. It is defended as religious tradition, ordained by God (by Christians, Hindus, and Moslems), and as historical inheritance, whether from Africa, India, or from European overlays.

More recent forces, largely seen as external imports/impositions, are credited by both men and women with challenging history and tradition, and upsetting "natural order." These external influences—harsh global economic realities, the international women's liberation movement, and foreign media intrusions—are all seen as contributing to the erosion of man's authority in the home and in power struggles between men and women. These struggles, ever apparent in group discussions in these communities, seemed related most often to the growing economic independence of women, and they affected all areas of family life.

Family finances. In discussions with men and women, it was generally understood that men are responsible for giving their partners money to run the household and to support the family's needs. When the woman is also earning, it appears that the man is still expected to provide, particularly to ensure money for food and school requirements. Women generally saw their earnings as their own, to spend on the household and themselves, and to use as insurance against any future desertion by their partner or for any outside child(ren).

There were wide-ranging opinions on whether women should work outside the home, and how such earnings affect power relationships between men and women. The increasing economic independence of women derived from out-of-home earnings, increased education, and male migration was often discussed as threatening male headship and upsetting relationships, even when it was welcomed as an economic necessity.

Female de facto headship in the countries studied ranges from just under 29% in Guyana to 45% (Jamaica, 1995); this study reinforced the CCMF finding that when a man cannot provide sufficiently for his children, the partnership with the children's mother becomes vulnerable and the man's authority tenuous. Other women, and long hours in the rum bar or at the domino table with male friends, are cited by men and women as common male recourses to the resulting financial pressures and demands of his family(ies).

Some men expressed resentment that their children are not helped to see their father's contributions. As one Jamaican farmer expressed it:

> Yu go out an' work, an' whatever yu earn fi de week as yu salary, yutek a pocket money but yu give de woman de uppa han' a de spending, because a she af fi go a market, etc. So to me, if is three children inna de house, dis one will seh, "Mama, when de ice-cream man come, mama mi wan' a ice-cream," y'understan'? Dat one deh say, "Well, mama, when yu go a town yu bring me a cap." An' dat one deh want one shoes. So at all times it seems as if everyone looking at mama as de head a de house. . . . De week when yu no gi' no money, yu hear say, "De man work an' 'im drink out all de money a road!" But de week dat yu put down $10,000 inna de house, nuh pickney nuh know bout dat. So [when] de ooman start to work an' she keep on doing, she naw sen' yu go a market, an' she naw gi' yu de money fi buy fi bring come gi' de pickney. . . . So dem prefa fi love de madda more dan how dan love de man.

Division of domestic labor. In the male/female climates described above, it is not surprising that men and women see demands for division of labor differently. Across the six communities traditional ascriptions of the male roles of breadwinner, provider, and protector, and female roles of homemaker and nurturer, largely determine the way that men and women see domestic duties in the home. "Indoor" duties are generally seen as female, "outdoor" as male; women's work is seen as "light," men's work as "heavy."

Just as the traditional role ascription of headship to men does not translate into uniform patterns of male headship, the division of domestic tasks gets acted out in different scenarios, dependent on many variables within families. Generally the discussions in this study echo those of the CCMF—that men often do a considerable amount of work in the domestic sphere, especially when children are young and can't share in labor. There were many contradictory and ambivalent messages about whether such tasks really belong to men or are only required when a woman can't manage all of her work. Such participation is rarely celebrated by men and not always by women, some of whom see a very "domesticated" man as "soft" or as a "maama man," one who watches and criticizes everything the woman does in the home, thus intruding on her area of hegemony.

Domestic violence. Not all groups discussed this topic freely, but some had candid and heated debates about the levels of acceptability of physical violence against one's partner. Such violence was usually described as men beating women but occasional stories of the reverse were cited. A rough thread that ran through the accounts of partners resorting to violence was the notion of "broken contracts," contracts woven from unstated or misunderstood expectations. The struggles over who is really "in charge" and the hurts and threats posed by outside relationships get acted out in the day-to-day demands of financing the family's needs and organizing domestic life.

For most of the men, a woman's role is to maintain the house and perform expected domestic duties while he supplies the material means for this to happen. For some, this role clearly connotes more than just concern for tidiness and responsible child care—it is the means by which a man and his family can hold up their heads in the community: "If your house is clean, no one can know if you're hungry," as one woman put it. A violation of this "contract" constitutes disrespect and requires sanctions.

For women, the contract is broken, too, when she feels that the man has not lived up to his end of the bargain, if "dem use yu and yu no benefit . . . nuh have nutten fi show." Whether the woman feels she is entitled to challenge the man's authority or not varies considerably within the communities, but seems to relate to the woman's level of education and/or financial independence. When a woman feels she can survive without depending on a man's labor, or that she has options of education or other men, she is less inclined to accept physical abuse.

Distrust, disillusionment, broken contracts, domestic violence . . . these certainly do not characterize all the man-woman relationships in all six communities. There were many men and women who still spoke of love, sharing, equity, and give-and-take. Humor and mutual respect redeemed many a potentially inflammatory discussion of sensitive topics. However, the degree to which these negative realities dominated many conversations signals trouble, and represents some of the outcomes of the socialization patterns common in raising the children who become the men and women in later relationships.

Traditional Child Rearing Strategies Are Becoming Less Effective. At the core of traditional strategies is the concept most succinctly described in Guyana as "Tie the heifer, loose the bull," implying the protection and monitoring of daughters while sons are allowed, even encouraged, to have more freedom and independence. A young girl's pregnancy not only radically affects her own life chances—physically, emotionally, educationally—but also strongly affects her family through potential shame, economic demands, and the need for space, time, and energy. Traditional family rules and ascriptions, therefore, have related to a need to assist daughters in delaying pregnancy as long as possible until they are emotionally mature and either financially independent or secure in a marriage/union with a responsible partner. Within this general understanding, parents/guardians set out to equip girls for these ultimate options—economic independence and/or (usually and) partnership with a man. The protections provided and the skills imparted are central to parents' responsibility to their daughters.

When parents consider their responsibility to sons, their expectations and demands in general relate to encouraging male independence and assumption of responsibility. For communities in which economic realities have historically been harsh, sons have been expected first and foremost to learn to survive. While the girl is protected largely by keeping her close to home and engaged in domestic and schoolwork activity, the boy gains his requisite survival skills "on the road" and in the neighborhood, with ultimate and similar goals to those for girls: economic independence and readiness to take up the responsibilities of providing for and protecting a family.

Thus the goals of parents for their boys and girls seem similar, but the means of achieving the goals are different, and are less functional and more contradictory, confusing, and contentious, as they do not fit current social and economic realities.

Gender Distinctions and Assumptions Are Central to Most Child Rearing Practices. Elements of "tie the heifer, loose the bull" attitudes are apparent in an examination of most aspects of child rearing, as the following outline suggests:

During pregnancy and at birth. The reasons given for preference of either girl or boy often relate to expectations of later adolescence. For example, boys are most often preferred, particularly as first children, as later providers and protectors of the family, and as inheritors of family name/property. Some women express preference for boys because they will "hold the man." When girls are preferred, reasons given include that they are "easier to raise" and that they will provide "help in the home" and care in parents' old age.

Domestic chores. These are commonly shared along gender lines. Boys are assigned outdoor, "heavy" work; girls do household and child care tasks inside the home. When boys are given indoor work such as washing their clothes or cooking, it is to enable them to care for themselves "until they have wives" or for "when their wives are sick."

Leisure activities. Boys engage with older men in sports, street corner games and chats, gambling activities, and other "road" activities beyond the domestic sphere. It is with older men that boys are expected to learn many of their "fending" skills, and sometimes, skills for income earning, especially in rural farming communities. Girls also engage in some outdoor sports activities, but these are usually more circumscribed (e.g., at school, before dark), and girls' leisure activities generally appear to be more secondary to "real learning" than those of boys.

Social Skills and Values Generally parents state that they desire the same for sons as for daughters. When parents are pressed, it is clear that more time is invested in developing these attributes in daughters than in sons, and in training and monitoring daughters' behavior. "Obedience" and "manners" are ranked as high values for both, but boys are more often "eased up" and left "to learn outside." This is confirmed in conversations with children as well as with adults.

The concept of children's rights (as opposed to children's obligations) was rarely discussed and seemed almost a "foreign" concept, particularly rights related to self-expression of independent ideas or feelings. Too often, such independent speech is seen as "feisty" and "disrespectful," and thus socially unacceptable. This attitude seems to apply more often and more forcefully to girls, as such self-assertion is seen as part of "toughening" and "fending" behaviors more suitable for boys.

Discipline practices. Girls receive closer monitoring, but boys generally receive heavier punishment, both from mothers and fathers. The most common form of discipline is beating with the hand or an instrument such as a belt or stick. This harsher treatment is defended as "toughening" boys, and part of their need to be able to survive in the rough outside world. Rewards for good behavior are few and far between for both girls and boys; the importance of praise and rewards is insufficiently understood in the development of self-discipline.

Physical affection. This is largely reserved for daughters, although as they grow older affection from fathers—and particularly stepfathers—is often seen as inappropriate. Boys are not to receive too much "petting." This seems to relate to the prevalence of homophobic myths about the development of male sexuality, as well as to prescriptions for "toughening" boys. Girls feel comfortable expressing affection with each other—hugging, holding hands—while this is unacceptable between boys (except among sportsmen celebrating a good score). Boys greet each other with clenched fists and backslaps, and often use other forms of aggression to express their feelings. Similarly, girls are expected to cry, but boys are not, unless at a serious loss such as death.

Preparation for sexuality. The contradictions of "tie the heifer, loose the bull" are never more apparent than in this issue. Clear double messages are sent: Early sexual experimentation for boys is natural and expected and even brings relief to parents that heterosexual identity is firm. But the message for girls is "Don't!" out of fears of too-early pregnancy and the blunting of educational goals.

Confusion about childhood sexuality is compounded by parents' lack of knowledge and discomfort in communicating about sex generally, and by cultural and religious taboos, which are honored increasingly in the breach by young adolescents with greater exposure and access to contraception and information than their parents. Again, boys are primarily expected to obtain virtually all their sexual preparation "on the street" and secondarily from school, while girls are usually given some very basic protection messages and information in the home.

Parents Feel Increasingly Helpless Against External Factors Seen as Eroding Their Authority With Their Children. The survival strategies traditionally employed in raising boys seem no longer realistic; education and skill acquisition for a livelihood by traditional routes—school achievement, apprenticeship—are often blocked or severely hampered by economic deficits (of the school system, of families) in many communities. If boys do not drop out of school to earn for themselves or their families, they often leave school with few skills that can be turned to ready profit. "By any means necessary" for some becomes an alternate strategy, as more and more young men end up in illicit, criminal activities to achieve their material goals; on-the-street instruction in these skills is readily available. This is particularly true in poorer urban settings where peer groups/gangs, television messages, dance hall/D.J. culture, drug don and gunman role models, and material consumption patterns are loudly competitive with parents, and apprenticeship opportunities to learn profitable skills are less available.

Protection strategies for girls are also increasingly difficult to enforce. Mothers who must work outside the home have fewer opportunities to supervise and instruct; liberating options for girls and women have expanded their choices outside home and family; and the growth of consumerism has fueled a range of economic activities among girls and young women, including bartering for sex, to meet their material needs. Urban environments (particularly) also offer ready exposure to alternate lifestyles for girls as well as boys, appearing to work against parental values and goals.

The majority of Caribbean parents have not had wide educational exposure to information about child development or effective child rearing methods. They therefore feel ill equipped and sometimes overwhelmed by all the forces competing for their children's loyalties. As a result, many parents with whom the researchers spoke felt helpless and had in effect abdicated responsibility, blaming either the society or their children for perceived shortfalls in children's behavior or achievement.

What factors in this present climate, then, signal change in male roles, particularly in relation to fatherhood? Pressures for change are clearly evident from the research, but what directions are indicated? And to what ends? Men's responses to these pressures are only just emerging from this research, which, by its qualitative approach planned not only to investigate patterns but to provoke reflection and debate. A brief look at a Jamaican fathers' support group, four years old at this writing, may offer us some insights as to whether a "new Caribbean father" is emerging from this reflection process.

Fathers Incorporated: A Jamaican Support Group for Men Only

A small number of Jamaican men have been organized since 1991 in a mutual support group to explore and support definitions of fatherhood. Fathers Incorporated had its genesis in a parenting workshop designed for men only. The 19 men who participated felt very positively about the climate created for their free expression of concerns as fathers, and they expressed a wish to continue such discussions. The workshop facilitator, Dr. Barry Chevannes, became the group's convener and advisor.

A core group of 10 to 15 men, mostly blue-collar workers in their twenties, have continued regular contacts within a wider fluctuating membership of up to 60 men. Their programs have included discussions of topics related to being fathers and men in this society, peer counselor training sessions, and service activities in a children's home for girls. With funds from a recent grant, the group has recently acquired their first part-time staff person to coordinate activities and plans for expansion.

Five Fathers Incorporated members of 2 or more years' standing were interviewed by a male research assistant about their membership in the group and about fatherhood in general. Brief socio-demographic data on the five are outlined in Table 4.3.

This table presents a rough version of the common life cycle pattern of Caribbean unions. The three men below 30 are single, and each had his first child by the age of 20. One lives with the mother of two of his children while a third child lives with her mother elsewhere. Another single man lives with neither of his "baby mothers" but his first child lives with him and his mother, who helps with child care. The third single man lives apart from his baby mother and child, but visits his daughter whenever he can. The two men over age 30 are married. One married his wife after their first child was born; the other had one child at age 17 with a girlfriend before having three children with his wife; all four children now live with him.

All five men felt that they had benefited from their membership in Fathers Incorporated. Several stated that they had gained a broader understanding of fatherhood and were better fathers as a result, in that they carry more of the parenting load with their partners than previously. Lowell said he was now "less carefree, more responsible." Darren felt good that he could now talk about family life issues with other men; he didn't have this experience before. Some clearly grew personally from their group experiences. Calvin said he had "become elevated" through exposure to guest speakers, and in fact became a guest speaker when Fathers Incorporated captured the attention of the media and parenting groups. Selvon, the eldest interviewed (at 35), felt his membership broadened and strengthened his long-standing outreach efforts to young men in support of responsible fatherhood (in his work with youth groups, church groups). Three of the men mentioned that they wished Fathers Incorporated could develop sufficient organizational strength to expand the membership and work with young boys in school before they become fathers.

Table 4.3. Socio-demographic Characteristics of Selected Members of Fathers Inc.

	Phillip	*Darren*	*Calvin*	*Lowell*	*Selvon*
Age	23	27	28	33	35
Marital Status	S	S	S	M	M
# Children	3	1	2	2	4
Residence of children	2 w/fa; 1 w/mo	w/mo.	1w/fa; 1 w/mo	Both w/fa	All w/fa
Ages of children	3,2,4 mos.	8	8,3	7;1	18,12,10,10 mos.
# Baby mothers	2	1	2	1	2
Educ. Level	Completed secondary school	10th Grade Continuing studies (UWI)	9th Grade	Secondary school w/o levels	Secondary school w/5 JSCs
Employment Status	Apprentice in elec. install temp. project	Leathercraft worker; temp. project work	Repairs sewing machines; temp. project work	Factory machine maintenance until injured; temp. project work	Police corporal 14 years

All five shared a sensitivity, often expressed by other members of Fathers Incorporated, that the wider society's general condemnation of Jamaican men is unfair. While conceding that not all Jamaican men stand by their children, these men do not feel they are all that unusual or special. As Lowell puts it:

> Am I a typical Caribbean man? Well, I really don't know what is a "typical" or "Caribbean" man, but all I know is that I am just a simple man, trying to live a normal life, and, you know, a respectful life, something that my sons can emulate. I want them to say "My father is a great father" . . . Most of my friends are like me, responsible, married; they are there with their children.

All the men reflected on the positive and negative influences of the families in which they grew up, and the ways these influences shaped the choices they now make as fathers. Three grew up with both parents, and the remaining two were raised primarily by their mothers. Two of the three men who grew up with their fathers credited them with important lessons learned:

> *Lowell:* I learnt from my father that being a man and becoming a father was a lot of hard work. One, you had to provide; and two, a lot of the decisions were on your head. Three, you were often called upon to be mediator between daughter and mother, son and whatever. So I identified from early that the father is as important as the mother. [Later he adds:] The impact [of my father] on me was not totally great. He was there, but most of the things was done by my mother. I don't want to become like my father [was] when I was growing up; that is why I am playing a more active role with my two sons. I have to be going to their PTA meetings [he is the president], being there for them if they need me. Daddy tried, but it was not as hard as my mother tried. I think that if he did that little bit more, things could be even better.
>
> *Darren:* My father was a father, a real man to his children, so that part is really cemented in me . . . I learned that if the right values are instilled in us—you can be poor, but you can still be a good father. . . . He was a tower of strength to me; we'd be dying to see our father come home from work . . . he'd sit down and chat us, and laugh about things. . . . I used to love my father real bad . . . don't even know why. My mama used to beat us rough. She had a bad attitude towards me; maybe she was frustrated, I don't know . . . I don't want any of my children to grow with some of the rough treatment I had growing up.

Calvin, who also grew up with both parents, said little about either of them, except that they allowed him considerable freedom and were sensitive to his needs to venture outside. He credited community activities, especially Scouts, with giving him a sense of self and charting him as a responsible person.

Selvon's father left his mother when Selvon was 3, and he learned that living without a father is "rough, but sometimes it helps you to become a man, to be able to stand on your own." He learned "the feminine part of it." like the house chores, taking care of the smaller ones, being neat and tidy, but when his mother migrated, he went to the country to his grandfather, from whom he learned about the "harder things in life," like farming.

Phillip described the strong bond many Caribbean men express for their mothers:

> It was like my mother who fathered me. She was up early in the mornings to go to work, to ensure that we went to school. When she heard I was in a relationship at 15, she said, ('Make sure you know where you can put your head before you put your private.') We didn't have much of sitting down and counseling; [instead] we were like brother and sister. There was nothing private for us; we just share everything. [But] I blame my mother a bit for my now lifestyle, for my mother grew me up too soft. She accepted my bigger brother as a boy, but when she was pregnant with me she wanted a girl. So she tend to grow me in that soft manner. Instead of growing me like a man, she tend to grow me "feminish"—plait my hair, not having me push off and saying to me, "You need to be independent." She always wanted to have me there as her baby, her pet. I had a terrible time with her, even after I had my first daughter; she couldn't accept that I was on my own and didn't need to come to her every minute. I wouldn't want to raise my son in so much of a soft manner, but I still want him to learn skills my mother taught me. I was so close to her that everything she could do, I could do. That do help me a lot, for I have no problem around the house—can cook, keep the house clean, even repair my clothes.

These men had a lot to say about what fatherhood meant to them. The interviewer asked all five what they liked best and least about being a father, and about what they felt was hardest. The answers echo many of the research findings above.

The two youngest men spoke enthusiastically about the actual interaction with their children. Darren best liked just "loving my child . . . being there for her every time." Phillip felt pleasure at having them around him when he came home from work. The other three feel best about the feedback they get from fulfilling what they understand as responsible fatherhood: Calvin likes the feeling of "being in control," and of "counseling them in the right way"; Lowell enjoys being regarded as head of his family and being counted on for difficult decisions; Selvon feels great that he is "standing up to his responsibility 50/50"; he proudly states that sometimes his portion is 60%, the wife's 40%.

Perhaps more informative are the things that they like least or find the hardest about being fathers. Two said that there was nothing that they liked least, but the other three gave these responses:

Daren: (after thoughtful hesitation): At times you feel like yu back is against the wall, an' all yu dream is about to shatter, so yu sayin', Will I be there for my child? Will I be able to provide an' be the supporting one that she really need? Well, at times that can be very devastating to really think about.

Charles: I like least having to cut down on some of my recreation in order to meet my family responsibilities.

Lowell: What I like least is the beating part. When it come to that, I don't like it. Sometimes it has to be done, and I do it, but then I feel guilty about it afterwards.

As for those aspects of fathering that they consider the hardest, only Calvin felt nothing was really hard, because he felt that fathering meant just being himself. Phillip said:

> The hardest thing is to ensure that you are being a good father, putting out all the work you can to make sure that child get what she want. Not only the material things, but the time you can spend with that child, the love that you must give.

Darren and Lowell both felt that the hardest task for a father is providing a house for the family; the younger Darren wonders "if the day will ever come when you can give your children the key to your own home, and say 'Dis is your room, your home.' " Selvon feels that the hardest thing is being responsible; "You definitely have to be a man before you can be a father. So you have to have your head screwed on and stand up as a man."

Several felt that women didn't really understand how difficult it is to be a responsible man and responsible father. Phillip wishes women could understand that being a man

> is not just having the financial background, because that is very much driving the fathers from the home nowadays. Many men will say, I not going go look for Mary Jane this weekend 'cause I just don't have no money. An' if I go, her mother a go run mi from di yard 'cause she jus' a go regard me as a worthless man. I am very upset about that. You need to accept a father into the home when he have and when he don't have it.

The three men who live with their partners clearly see their domestic contribution as much more than money, and speak of substantial sharing of home duties. All five men also have strong feelings about aspects of man/woman relationships important to sustaining the family. Calvin speaks of a relationship as a sharing thing; partners need to see each other as equals. Selvon wants women to know that men can share and care, and to be sensitive to the "soft spot" in men, not always expecting them to be strong. Phillip feels that a man needs to take more of an interest in the day-to-day activities of his woman. He should try to be aware of her thoughts toward the family and be ready to support her positive ideas, and mutually share thoughts and feelings.

The two eldest men spoke of the importance of men developing trust and friendship with their partners. Lowell said:

> I believe trust is one of the things. If you don't trust your wife or your girlfriend when she is going out there so, no way can a relationship be forever without trust. You see from you trust her, everything else will fall into place, love, everything else. But from you don't trust her, that relationship will never stand.

Selvon advised:

> It has a lot to do with the approach. You need to spare time and know each other and communicate frequently. Never take it outside. A relationship is built up on trust. If you can spare time and talk, I think it kinda build friendship.

It seems clear from these accounts of five members of Fathers Incorporated that they see themselves in many ways as typical of Caribbean fathers who, they strongly believe, want to do their best for their children, but who find escaping the economic definitions and demands of fatherhood next to impossible. When they cannot provide financially for their children, despite their best efforts, they do not feel that their other contributions in the form of domestic assistance and nurturing care of their children are sufficient substitutes, either in their partners' eyes or their own. These men seem to feel sympathy for their Guyanese brother's question "Who gon' back man?"

SUMMARY REMARKS

The two UWI studies indicate that traditional ascriptions for men and women are still very strong in the Caribbean. While members of Fathers Incorporated are distressed at their inability to fulfill these expectations, they do not in fact dispute their ascribed roles. They only wish women were more understanding of their difficulties in striving to be responsible men, responsible fathers.

Although discussions with children and parents indicate that younger people are more flexible about sharing family-related roles and responsibilities, they relate these choices usually to economic necessity rather than convictions about gender equality. Many men in the target groups studied may be doing more domestic load-sharing than their North American (or Caribbean middle-class) counterparts, but there has not yet been redefinition of fatherhood roles and expectations. Thus Caribbean men who cannot find adequate employment/income to fulfill these expectations of partnership and fatherhood take little consolation from their non-material contributions to family life. For most men in both studies and for the Fathers Incorporated sample, having children gives strong meaning to life; relationships with their children are important to them. When they are able only to provide nurturance and support with domestic chores—and insufficient hard cash—however, men are confronted with demeaning images of themselves—"maama mán," "soft man," worthless," irresponsible."

It is suggested in both studies by men and women that the expansion of women's roles into non-traditional "male" enclaves of skills and earnings has been generally self-enhancing, even with the double pressures of domestic and external work, but for men the acquisition of "female" attributes and skills does not enhance men's roles unless they are acquired in supplementing a firmly established masculine identity. The few men in the GSP study who bragged about their culinary and housekeeping skills were rarely living with women; they saw these skills as enhancing their eventual opportunities to teach a spouse how things are to be done, thus ensuring their control.

Research respondents suggest that the challenges to power and authority in the family implied in many of the discussions of home finances, women's liberation, North American media incursions, disciplining children, and issues of fidelity, fuel the high degree of mistrust between men and women and reported high levels of domestic violence. Many poor and working-class men, who already feel largely powerless in the face of economic hardship, inadequate social support services, and seemingly indifferent systems of government, resist the threat of additional loss of power closer to home.

The ways in which gender roles in the Caribbean are perpetuated or changed has only now begun to become part of social consciousness, particularly among the less educated, less traveled populations. Although Caribbean women have for many years been exploring publicly and privately the implications of worldwide and local challenges to patriarchy, Caribbean men have rarely been brought into this process, or encouraged to examine the multiple meanings implicit in the concept of gender equality. The contradictions and confusions that result, and the ways, therefore, that children are being shaped for future relationships and responsibilities, remain largely unexplored by couples, families, and communities. That is equally true for policy makers responsible for developing economic and social programs in the wider cultures and countries of the Caribbean.

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Chapter 5

The Idea of Childhood and Age of Sexual Maturity Among Indians in Trinidad: A Sociohistorical Scrutiny

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INTRODUCTION

In contemporary society we accept the notion that the earliest period of human life is that of childhood. What is not obvious is that the duration of this period or even what it means in different cultures over time keeps shifting. This analysis is specifically concerned with the idea of childhood and age of sexual maturity in the reorganization of family life of migrant Indians to Trinidad during the first half of the 20th century, when the traditions of India were being challenged by the practices of a western culture. My argument is that the system of Indian indentureship which brought Indians to Trinidad from 1845 to 1917 juxtaposed eastern practices and attitudes in the family with those in the West. Concepts of childhood and sexuality, and age of sexual maturity, would undergo major shifts in a relatively short time in the society of Trinidad, and emerge with major differences by the middle of the 20th century.

A BRIEF HISTORY OF CHILDHOOD

Are childhood and sexual maturation the result of biological age, or are they ideas constantly emerging in the structure of the family, an institution that is itself historically changeable and culturally diverse? Is the idea of childhood related to the age of sexual maturation? If so, what is the age of sexual maturity? Commenting on age of sexual maturity in Europe since the Middle Ages, historical sociologist Peter Laslett (1977) makes an insightful observation: "It looks as if the history of age of menarch—the mean age at which girls became capable of conception—will have to stand for the whole phenomenon of sexual maturation in men and women."

Menstruation for girls meant the possibility of pregnancy and thus the need for them to be acquainted with the knowledge world of adults. The responsibility of this knowledge for the male has always been less restrictive, particularly in some cultures in which boys are allowed greater sexual experimentation. This, together with the different biological development of the male, may account for the somewhat later age of maturation generally accorded to boys as opposed to girls.

The concept of childhood was not always linked to notions of sexual maturity. The idea of a period of childhood may itself be a modern one. Phillipe Aries, for instance, refers in *Centuries of Childhood* to the "discovery of childhood." Childhood in medieval times was cited as the first of seven ages of man, lasting until age 7 and including a notion of infanthood "because in this age it cannot talk well or form its words perfectly for its teeth are not yet well arranged or firmly implanted"[1] (Aries, 1962). Aries observes that various themes of childhood were developed only in the 17th century. Child mortality rate remained high, but connected with the growing influence of Christianity, it was discovered that the child's soul was immortal. This had implications for the different personality and different preoccupations of a child, for instance the notion of childhood innocence,[2] the playing of games, and an appreciation of childhood charms.

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[1] This quotation is cited in Aries but taken from the sixth book of the medieval *text Le Grand Proprietaire de toutes choses.*

[2] William Blake, the English poet, philosopher, and artist, who was born in 1757, eulogized these ideas, which had emerged only in the previous century, in his Songs of Innocence and Experience. The titles of two sections of this essay are adapted from Blake's inspiring work.

These ideas of childhood profited boys more than girls, who "persisted much longer in the traditional way of life which confused them as adults," and, according to Aries, there was a "delay on the part of women in adopting the visible forms of the essentially masculine civilization of modern times"(Aries, 1962). The idea of a carefree indulged childhood was, however, more characteristic of the middle or aristocratic classes. For children of the lower classes, there was no such luxury, as both in dress and play, they were little adults from the time they could work.

By the 18th century there was a further development in the idea of childhood. In his seminal work *The History of Sexuality*, Michel Foucault discusses the notion that children are "preliminary" sexual beings, with a proclivity to indulge in sexual activity of one sort or another that still posed a threat to parents, families, educators, and so on (Foucault, 1980). It was necessary, therefore, for western society to curtail the early sexual experimentation of children. Foucault suggests that procreative behavior had to be socialized for economic reasons, to ensure the control of fertility and responsibility of parents to children, for the benefit of the social good. He points out that both the pedagogization of children's sex and the socialization of procreative behavior became important functions of the family as a social unit.

Thus far I have developed some of the ideas of childhood and sexual maturity prevalent in Western society. These ideas as they unfolded through the ages appear to me in some respect to parallel those emerging in the Indian subcontinent, a culture of the east. The explanations for Indian organization of the family, childhood and sexuality are not found in treatises of Enlightenment thought, but framed in the language of religion and the unwritten social contract that emerged in the east. In Hinduism, and in 18th and 19th century Islam as well, as practiced in India,[3] the institution of the arranged child marriage was one of the primary methods by which the family demarcated the period of childhood and regulated the sexuality of both male and female. The arranged marriage served also to preserve the caste system in Hinduism, since caste endogamy was the general rule applied in arranging marriages. More importantly, marriages for girls were arranged before puberty, thus ensuring that girls were safely married before they could conceive. The age of marriage for boys appears initially to have also been young, comparable with the age of the girl. It was not unusual, though, for older boys or men to be betrothed to very young girls. Especially in Hinduism, the rules pertaining to daily life, as with the larger events of life, were informed by religion. Conception, birth, coming of age, and marriage were recognized by rituals and rules of behavior; all were sanctioned by religious teachings, ascribing to each action a sacred rather than secular reason (Chaudhuri, 1979). The idea of childhood as it developed in Indian society was fused with the practice of child marriage, itself condoned in the religious texts. All sexual activity and sexual knowledge of the individual were consequently to be learned only within marriage.

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[3] India, up to the 18th and 19th century, was comprised of both Hindus and Muslims. With the independence of India from the British in 1947, the separate state of Pakistan was formed. Islamic practices in India were syncretic ones, drawing on the dominant religion of Hinduism. The major difference was that there was no caste system in Islam, although informants have said that a similar form of stratification did exist. Muslims were also numerically less and by far represented a minority in the migration to Trinidad. In this essay, in general, the merging of religious differences is based on a more fundamental assumption—that aspects of Indian culture predated religion, and Hinduism itself, as suggested by Nirad Chaudhuri (1979), was not a religion but a way of life. Thus the ideas pertaining to childhood, classical patriarchal notions of the role of women and men, family and kinship are common to the Indian subcontinent despite religion. In Trinidad, the subsequent development of Islam based on the teachings of missionaries from the Middle East served to differentiate further the practices of this religion from its observance in India. Nonetheless, I argue that in Trinidad, concepts of Indian culture are still premised on ideas beyond religion, relying more on the notions of ethnic and cultural identification.

From our increased knowledge of the 18th century onward, there are obvious differences in the views of childhood and marriage between the West and the East. In the former, they became subject to scientific explorations of age and biology, psychological and psychoanalytic insights on personality development, as well as different cultural, social, and legal norms of family organization. For a more extended period in Indian social history, children appear to have had no visibility or rights as individuals, and could neither challenge parental authority nor reject family obligations. It was not a lack of indulgence and care on the part of parents—rather the idea that having been born to their parents, children's duty in life was to respect parents' wishes without question.

Basham's observation on child marriage in India suggests reasons as to why girls, rather than boys, were so closely guarded and subject to greater controls.

> The reasons for the development of child-marriage cannot be given with certainty. Some have suggested that the fear of marauding Muslims encouraged parents to marry their daughters in childhood and to confine their wives more strictly in their homes, but both these customs existed in pre-Muslim times, so this cannot be the only reason. It may be in part to the growing religious insistence on the necessity of progeny, but this was strong at all times. The sexuality of the Indian character may have played some part in it. A woman was thought to be naturally libidinous; an unmarried girl attaining puberty would proceed to find a lover, however strictly her parents guarded her; once she had lost her virginity she would become unmarriageable and the parents would have the choice of the disgrace and expense of maintaining an unmarried daughter indefinitely, or even greater disgrace of casting her out to become a beggar or a prostitute. From the point of view of her parents, a daughter was a serious economic liability. (Basham, 1967)

Western feminist theory has linked the development of the family to the emergence of capitalism, the state, and private property.[4] The assurance of paternity guaranteed that property could be passed on to rightful heirs. The family itself was located as the site of female oppression. It was viewed as the institution that directed female labor, controlling female sexuality and thus female reproduction as well. What seems clear is that a similar control of female labor, sexuality, and reproduction was kept in place in India by the divine assertions of religious doctrine, which relegated this responsibility to the family and kinship system. What further sanctioned the rigid observation of these ideas and attitudes toward women was the inordinate fear of pregnancy before marriage. The family's burden was that of shame and disgrace. The honor of the father or males in the family was at stake. The onus of responsibility was that of the young girl and later woman to constantly protect virginity or virtue for fear of damaging the family's status. Puberty for a girl therefore signified the dawn of sexual maturity, and thus the beginning of the loss of childhood.

The collusion and sometimes complicity of both Western and Eastern positions on length of childhood and age of sexual maturity, especially that of girls, is extremely crucial to this essay. This analysis is specifically concerned with the idea of childhood and age of sexual maturity in the reorganization of family life of migrant Indians to Trinidad during the first half of the 20th century, when the traditions of India were being challenged by the practices of a Western culture. My argument is that the system of Indian indentureship that brought Indians to Trinidad juxtaposed Eastern practices and attitudes in the family with those of the west. In doing so, the ideas of the East were constantly being adjusted to accommodate the ideas burgeoning in the western-dominated setting of Trinidad. Concepts of childhood and sexuality, and age of sexual maturity, would themselves undergo major shifts in the movement of Indians to Trinidad and by the middle of the 20th century would resemble the dominant ideas pertaining to childhood in this society.

CONCEPTUAL AND METHODOLOGICAL CONSIDERATIONS

The period of Indian indentureship in Trinidad, which lasted from 1845 to 1917, caused an immediate disruption to the traditional Indian family system. Toward the latter period of indentureship, and certainly by the 20th century, many of the earlier traditions, rituals, and belief systems had become deeply entrenched again. There was, by this time, a critical population mass to reinstate the caste system, and other key institutions such as kinship, religion, and the *panchayat*, or the council of five legal elders, all of which functioned to ensure that the rules related to family life as recalled from Indian society were being observed.

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[4] As for instance the ongoing feminist polemic with Friedrich Engels, The Origin of the Family, Private Property and the State.

In this essay I use an oblique approach to investigate the idea of childhood and age of sexual maturity among Indians in Trinidad. I examine the way in which female sexuality, and to a lesser extent, male sexuality, were controlled or defined by the customary measures that guaranteed social conformity in the Indian system of gender relations. A tightly knit gender system kept in place by kinship rules, family, religious beliefs, and the panchayat[5] controlled sexual relations between Indian men and women. Sexuality could only find expression within the institution of marriage. What functioned best to ensure that the gender system was observed was the practice of arranged child marriage. The arranged marriage system had far-reaching implications for the socialization of procreative behavior, the expression and control of both male and female sexuality, and most crucially, therefore, the concept of childhood shared by the Indian community.

The origins of child marriage may or may not have been consciously linked to notions of sexuality, but undeniably it served the purpose of restraining sexual experimentation on the part of both boys and girls, restricting it, certainly for women, to the marriage bed.[6] If young girls were guarded closely, clearly they could in no way be partners to young boys (or older men) in precocious sexual explorations. This practice of arranged child marriages, still commonly observed in India in the 19th century, continued in Trinidad among the migrants and their offspring.

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[5] The *panchayat* is the legal council of elders, usually comprised in each village or district of five men, known to be of good character, teachers, priests and so on, to whom the misdemeanors and crimes were brought up and who would pass judgment and decide upon punishment. Their judgment in the early days of the panchayat, certainly up until the 1950s in Trinidad, according to my findings, were binding on the community. In effect, they functioned as the moral arbiters of Indian society.

[6] In addition to concerns about sexuality, and linked to this as well, A. Basham's (1967) commentary on child marriage raises another crucial point regarding the marriage of girls, which I have not explored sufficiently. The disgrace to parents of having an unmarried girl, the even worst disgrace should the unmarried girl become pregnant, added to the economic liability she continued to be, (despite her continued contributions to the household in domestic and possibly garden labor) were terribly oppressive burdens placed on the backs of Indian girls from childhood. Thus their acquiescence to early marriage, even though this may have signified other oppressive features, was at least a relief from the burden of being an unmarried girl and a liability in one's parents' household. This point was never openly expressed by my respondents, nor does it appear in any of the literature, but the unconscious processes that inform these decisions of women are hardly ever rationalized in terms of such pressure to which they are victims from birth. The benefit of an education as a redefinition of a feminine identity, justified not only through marriage and childbearing, was of equal importance to Indian women in Trinidad as it has been for women in other parts of the world.

A regulated system of child marriage was never reintroduced in its entirety to the whole migrant Indian population in Trinidad. There was a continued imbalance in the sex ratio of the Indian population until 1917, as the system of indentureship attracted a stream of migrants, predominantly male, over age 20. From a purely demographic point of view, there were never enough females of a certain age to be married to the number of available males. The sex ratio between Indian men and women did not approximate a balance until well into the decade of the 1940s.

Nonetheless, once the system of arranged marriages was reintroduced by parents to ensure that their children could be matched by caste and religion, that their daughter's chastity was safeguarded, and that they were complying with the ritual beliefs and practices of religion expected of members of the Indian community, then arranged marriages again became the established norm.[7] In the following section I examine the consequences for the state of childhood and the age of sexual maturity for the Indian men and women whose lives were actually ordered by the system of arranged child marriages in the early 20th century in Trinidad. The data were gleaned from oral history interviews carried out with Indian men and women who were born during or just after the period of indentureship in Trinidad. Children, as Foucault describes, were viewed as "preliminary sexual beings" and were not expected to admit to or to have sexual desire in the choice of a partner for marriage. The tender age at which they were betrothed to a chosen partner ensured that even when they entered the state of marriage, they were still accustomed to being treated as children, innocent of adult knowledge.

"SONGS OF INNOCENCE"

Phoolo[8] was born in central Trinidad in 1914, a child of Trinidad-born parents and India-born grandparents. She recalls: "Ah married when ah had 11 years. Me eh had dem ting.[9] . . . Meh big sister married 7 years and second one married in 10 years." It was the accepted practice in both Muslim and Hindu families by this time, that parents would arrange a suitable marriage for their children. This was the tradition recalled from India. Phoolo observed:

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[7] In the larger study out of which this paper was developed, A Social history of Indians in Trinidad, 1917–1947: A Gender Perspective (Ph.D. dissertation. The Institute of Social Studies, The Hague, 1993), I develop the thesis that in the earlier period of indentureship, the scarcity of women gave them the freedom to choose partners or to leave one and move on to the next. This freedom was quickly retracted once the sex ratio began to balance out and once the norms of Indian society were again being established in Trinidad. Thus the period of the early 20th century reflected a collusion with the earlier traditions, which were simultaneously breaking down as well.

[8] The names cited in this document are pseudonyms assigned to Indian men and women with whom I carried out oral history interviews for the larger study from which data were extracted. These names were chosen to ensure the anonymity of my respondents, but I have assigned them Hindu or Muslim names, depending on their religion, as well as names that traditionally would have been popular in this period of history. Each interview was assigned a number, and this number is also cited to allow retrieval. These tapes are lodged in the oral history project of the Main Library, University of the West Indies, at St. Augustine, Trinidad.

> India bring it. . . . Partly all ah dem who come from India would marry dey children small and keep dem home til dey get a woman, den send them wid de boy. Yuh have to get married and stay by yuh mother til yuh have 12 or 13 years then do a lil wedding again. (Tape 9)

In the early practice drawn from India, both the girl and boy would be married at the very tender age of 5 or 6, but were kept in their parents home until puberty before the ritual handing over of the bride. This practice ensured that children would be matched by caste. It is also likely that the young boy and girl, bonded to each other at an early age, may not have fully appreciated what this meant at the time.[10] Nonetheless, familial sanctions would preclude any further ideas on the children's part of individual choice of partner, emotional needs of their own, a career, or even a place of residence independent from family and kin. In other words, the near future pattern of their lives had been predetermined.

Rukmin was born in 1920 in the village of St. Helena in north Trinidad, to Hindu parents. She was married at age 12 to a young man of her own caste, that of *ahir*, the caste of gardeners. Her parents were India-born: "They all agree to that because they say in India they used to marry when they was five and six but then they stay home for a while until they come a grown up and then they go" (Tape 10). This practice persisted, particularly among those migrants who had been born in India. When they had children in Trinidad, they returned to the system they had themselves experienced.

The concession to Trinidad by the second decade of the 20th century was that parents generally waited until their girl child was 12, just before she entered puberty, to actually have her married. The reasons for early child marriage, or marriage before puberty, continued to be justified in the doctrines preached by the local pundits to the Indian population. Rukmin explained her understanding of this:

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[9] She is referring here to the beginning of her menstrual periods.

[10] This observation was made to me by a colleague from India who had carried out field research among pastoral nomads in the state of Rajasthan in India a few years ago. He had witnessed (and proved this with photographs) a marriage ceremony of a young boy of 5 and girl of the same age from two of the nomadic families. The young boy was garbed in splendid traditional dress for the wedding, which included a sword hanging by his side, and spent much of the ceremony caught up with the excitement of brandishing the sword and playing with his male playmates of the same age. The young girl, on the other hand, also elaborately dressed, seemed much more aware of the implications of this ceremony and was sad, withdrawn, afraid, and in tears most of the time.

> They say those days they used to want they daughter married small. . . . They have a way of saying when yuh young, before you get your period they could put you on they lap. Is something religious. The Indian people does say they give a 'kanyadan' when they give you away like meh father give me away, put me on he lap and do the ceremony—he give me away so he get the blessing for that. (Tape 10)

When you give one 'kanyadan' they get plenty blessing, both mother and father" (Tape 11). The religious sanction of blessing for the parents served therefore to disguise the unspoken practical reason for early betrothal. At age 12, before a girl had entered puberty, it was highly unlikely that she could become pregnant. *Kanyadan* literally means 'gift of the virgin' in Bhojpuri Hindi. Virginity among women was highly guarded and prized. An early marriage ensured that the young girl would still be a virgin when she married. An unmarried pregnant girl would bring shame and disgrace upon the entire family, especially to the father, and the girl would thenceforth be unmarriageable. It was safer, therefore, to marry her before any mishaps could occur.

The system of gender relations was vital to the preservation of caste in Hinduism and thus doubly important to the continuity of Indian culture in Indian society. Caste endogamy, together with child marriage, ensured that the same or equivalent castes were matched. Rituals associated with the marriage ceremony demonstrate the closely interlocked nature of these structures. One ritualized aspect of the kanyadan ceremony required the girl's father to bow and kiss the peerha[11] on which the dulaha[12] was to be seated for the marriage ceremony. The performance of this ritual is contingent on two factors: First, the girl must be a virgin (or at least must not have entered puberty). With "the rising age of marriage . . . it was virtually impossible for a father to certify his daughter's chastity" (Nevadomsky, 1980). Second, the boy must be of the same or higher caste. Strictly speaking, hypogamy was allowed to males, not females, but it was highly unlikely that a higher-caste father would bow down to a lower-caste groom. The system of caste endogamy could not be immediately reintroduced in Trinidad when during indentureship many of the rituals and traditions were clearly not observed, but this practice was adhered to where and when possible, to ensure that the children of higher castes were not polluted by the stigma associated with lower-caste status.

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[11] *Peerha* is the Hindi expression for a low bench. Both the groom and bride sat on a peerha in front of the pundit for the wedding ceremony.

[12] *Dulaha* refers to the bridegroom, dulahin is the feminine term referring to the bride.

It appears that traditions of arranged child marriage among the Hindu and Muslim populations, at least in the early period, were very similar. For instance, the religious explanation for marriage of a young Muslim girl would not be a kanyadan, but there was an equally binding religious reason: "Well that was the teaching of the Prophet. They say when the Prophet married he had that. So whatever he did and however he had his wearing, we suppose to have the same wearing and follow his footsteps" (Tape 20).

Hamza's parents came as Muslims from India in 1906. He was born in 1916. A marriage was arranged for him and Jameela in 1936, when he was 20 and she 13. The arrangement procedure was similar to that of Hindus, involving an early contact between fathers and a subsequent follow-up visit during which, in the new rules in Trinidad, the boy and girl would be given a brief and chaperoned opportunity to see each other. In the earlier Indian tradition, even this contact was not possible, as it was an arrangement primarily between parents and families.

> Well, my father used to work Brother's estate and she grandfather was a driver. Is so they arrange, that is the word that carry. To tell you the truth, those days were different to nowadays. Those days the boy father and the girl father will talk and by chance the boy will be able to go and see that person. . . . I went and had a look with meh father, meh sister, meh brother-in-law and meh stepmother, and from then on ah can't go because if I only take a chance and meh father hear, that is trouble. (Tape 20)

At the one meeting of the families where the boy and girl saw each other and the parents met and discussed plans, Jameela, his bride-to-be, who was then age 12, remembers:

> I didn't see he at all because me eh watching his way. I see meh mother-in-law. She come and talk little bit to me. I didn't see meh father-in-law and I didn't see him (her intended husband). (Tapes 19 & 20)

The changed conditions in Trinidad clearly did not allow for an identical transposition from India of the system of child marriages. By the 1920s there was an increase in the age at which a girl would be married: shortly before puberty rather than at the earlier age of 5 or 7, the customary practice in India. This was influenced by two factors: First, the idea of primary schooling for girls had begun to be appreciated. Second, from India itself there were reports of restrictions on child marriage according to which both the pundit performing the marriage and the parents of the child could be convicted. The "Indian news and views," a column in the local newspaper, carried a news item regarding child marriage in India.

> Mr. Justice Patterson issued a rule in the application by Girish Chandra Das against his conviction by Mr. T.I.M. Chandbhuni, District magistrate of Noakhali, (India) on a charge of having directed and performed a marriage in breach of the provisions of Section 6 of the Child Marriage Restraint Act. Petitioner Das was charged with having married his daughter, who was under age to a son, who was also under age, of a woman named Dinamani Das. (*Trinidad Guardian*, November 15, 1934)

By the 20th century, the arguments advanced in India against child marriage were consistent with those in the West, and pertained to teenage pregnancy. They pointed out that there was harm to both young mother and child if the child bride were to conceive at a very early age. Medical science had begun to alert society to the problems of early childbearing. The young mother was felt to be both biologically and psychologically unequipped to deal with conception, birth, and child rearing. Thus the idea of extending a period of unattached adolescence for girls, including the provision of education at this period, was already being debated in the Indian subcontinent and transported to Indians overseas.

Despite this, early marriage and childbearing among Indian women survived many more decades of debate, in both India and in Trinidad. For instance, the population census of Trinidad for 1946 recorded the percentages of women aged 25 to 44 who became mothers below ages 15, 15 to 18, 19 to 23 for each racial group. The percentages of early births for Indian women by far exceeded those of the other races, as shown in Tables 5.1. Between ages 15 and 18 already half the population of Indian women had already become mothers.

There were many other reasons justifying child marriage, and among these were possibly the fears operating in the minds of the Indian parents in Trinidad. An article on the new freedoms and rights being created among Indian women in India drew attention to the fact that in Vedic times the fear of what was referred to as *Varnasankara*, the confusion of races, had also been one reason for promulgating early child marriages (*Sunday Guardian*, July 5, 1936). In the new society, this fear must have again surfaced; for one thing Indian women had begun to make choices

Tables 5.1. Motherhood of Women Aged 24–44: Percentages Who Became Mothers at Different Ages

Race/Group	*Below 15*	*15–18*	*Below 19*	*19–22*	*Below 23*
White	0.6	8.0	8.6	18.7	27.3
Black	4.0	27.2	31.2	22.7	53.9
Indian	14.5	46.0	60.5	17.5	78.0
Other Asiatics	1.2	12.5	13.7	30.3	44.0
Mixed or Colored	3.0	22.9	25.9	24.1	50.0

Source: Population Census Report, Trinidad, 1946, Table G.

out of their race.[13] There was always one dominant reason—the fears about female sexuality brought from India. Omatee, who was born in 1922 and was married at age 13, suggests that among the Indians in Trinidad:

> Well, to my understanding is before your daughter do something whey is not to do and perhaps she may have a child somewhere and nobody to own it or something, and it come a shame for the family, so I say is through that, so the people those days say I want to marry meh daughter when she have twelve years or thirteen years. Some people married them and let them come back home and stop a year or two, teach them everything and then send them back. (Tape 44)

While the early marriage of the girl ensured that she was partnered before she had disgraced the family with a pregnancy, the fact that the girls were kept at home to be taught "everything" meant that the parents still played a protective role on behalf of their child. It must be mentioned that the girl usually moved into the boy's household, that of her in-laws, rather than into a separate household. Her parents knew, for instance, that the girl would become a laborer in another household once she had left theirs, and could be exploited or ill-treated, as was sometimes the case. They were undoubtedly conscious of the sexual immaturity of their girl child and ensured that she was at least more aware of the "facts of life" before moving out of their protection. It appears that boys in general were married at an older age than girls. The boy, of course, did not have to contend with visible signs of pregnancy, and the dominant ideas of masculinity in most cultures (it appears) have allowed for some tacit means through which the boy would gain sexual and other worldly experience before marriage.

Very rarely during the first half of the 20th century was this pattern of marriage challenged by young girls, although some older boys had started to choose for themselves. Why was there a blind adherence to these practices? Omatee tells us again that:

> Well, to please their mother and father, to please their parents, if I married meh parents go glad because they want me to married, because the parents ask me to married and I say yes I will like to married. And where they married you now, you stop there, you never break. I married in 1935 and had meh son in 1938. When I married I didn't glad to married but when my father tell me well he want to married you, well nothing wrong, I must be please to married. (Tape 44)

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[13] Part of the freedom attributed to women in the earlier decades was the choices they had not only of moving between different partners in their own race, but also of making choices out of their race, especially among the dominant group in Trinidad, the men of African descent.

By the time she was 16, therefore, Omatee had already had her first child. Duty to parents, for both boys and girls, was more binding at this time than a modern consciousness of the child as an individual having separate or different needs or even rights. Slowly, some changes had begun to occur, though, and within the same family in Trinidad these could be observed over time; one fundamental change being the rising age of marriage. For example, Teeliah was born in 1912 and her sister Moonic in 1919, to parents who were India-born and who continued to live in the barracks and work on the Orange Grove estate in north east Trinidad, where they were first indentured. Teeliah was married at age 7, but Moonie's betrothal and marriage did not take place until she was age 14 (Tapes 54 & 55).

The introduction of child marriage and the retention of the arranged marriage system ensured the tutelage of female sexuality under the partner chosen for her. Since monogamy was incumbent on women (this rule did not apply to men), early marriage also guaranteed that a woman was allowed no other sexual experiences in life, and thus her sexuality would be learned, developed, and, it was to be hoped, satisfied with one partner throughout her life. As in theory she was permitted no other partner; if her husband's death preceded hers, then her monogamy was ensured.[14]

The shift between a presumed innocence of sexuality in childhood into the adult world of marriage and experience was viewed and treated differently in the Indian context. It is both useful and instructive to examine how sexuality was taught and nurtured in such a system. More importantly, it is interesting to see how, married virtually as children, young girls and boys began to give up childhood things. Omatee, who was married at age 13 in 1935, remembers:

> Well after the three days, four days after you married, you have to get used on your own. I remember talking to him. He come and he start talking to me, about two three days like that talking, talking—we was children, we was talking just as children, playing games, pulling one another, pinching one another, sometime he pull you, sometime he hold you. I don't know how anything else work out but is so. (Tape 44)

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[14] In practice, in Trinidad some widows "took up" with unmarried older men, but could not formally be married again under religious rites. The practice of monogamy of one sort or another was observed by many of the women who were born in the early decades of the 20th century. Even if they wished to have a partner in life again, they would have to ignore the censure of the extended family, community, and adult children. Those who did enter another relationship may have done so for economic reasons as well, if for instance the alternative meant a dependency on their relatives or children for survival. From my observation, it appears that many women deliberately opted for an active sexual life after the death of their spouse, but to a large extent these would be found among the class of laboring women, such as field workers. The problems of class and caste status have always affected the choices of higher-caste/class women.

Another example reveals additional insights. Rukmin, whom we met above, was married to Beepath when he was 18 years old, in 1933. She was 12 at the time. Beepath himself had no part in "fixing up" this marriage, and it was all arranged between his sister and Rukmin's parents. His sister, who was already married and living some distance away from the family home, had decided that he had to get married because only he and his father were living in St. Augustine, and there was nobody to cook for them. Rukmin's parents had also decided that it was time for her to get married and had in the idiom of arranged marriages "asked for him." Neither he nor his intended bride had a choice in the matter. The bride and groom never saw each other before marriage. Beepath recalled:

> We seeing each other about five or six months after she here. We here but we vex with one another. We not used to one another you see. We stop so and stop so until we start to talk. It eh like now. We not accustomed to one another. . . . Well by talking, talking, talking and she bringing food for me we start to talk and we get to know one another. (Tape 11)

Note that Rukmin's immediate response to him was to perform the traditional wifely duties expected of her, to bring food for him. She also explains how familiarity was established:

> Well we dey in the house and talking to one another, and bringing this and that you get used to one another. . . . The main thing is when you can understand each other and when you married small you get to understand each other from the beginning. But when you have your own way and she have she own way . . . And in we days we couldn't say we quarrel and we want to go home. If you quarrel you have to stay right here. If you do go home they bringing you back right here. . . . One day when I had the first child at the time for some reason or the other we quarrel and ah went home and when ah come back the next day he get vex about it. I went home and my father make sure he bring me back the next day. Long ago when you married you stayed by your father-in-law, mother-in-law and so on, now everybody want to be on their own. (Tape 11)

Bound irrevocably by the rules of religion and tradition to each other, with no conscious or encouraged awareness of likes and dislikes, no period of courtship or the ways of overcoming distance that are assumed to be conventional today, these were still virtually children in the cycle of life. The early development of their relationship was not dissimilar to that of children playing with each other as they began to discover bonds of friendship before intimacy. The family and kinship rules required that the couple must stay together in spite of any differences, and thus procreation was also socialized. Love, when and if it did come, was different from the Western romantic notion of love which by the 19th century had already begun to be associated with notions of romance borne out of the days of chivalry and courtly love, requiring previous knowledge of one's partner, even if this knowledge did not extend to sexual intimacy. Love in the Indian context was different. No contact was possible between partners before the marriage, which was meant to precede love and sexual relations. The concept of love in the arranged marriage was premised on the idea that parents were seeking the best match for their daughters and sons. The best match was one that ensured that the girl would be well treated in the new household.[15] It included many aspects of love and was not restricted to love of one's partner alone. Perhaps the most dominant aspect, at this time, was that of respect: respect for parent's choice, respect for in-laws, respect for the chosen partner.

For the girl, more so than for the boy, the concepts of *patidevata,* meaning respect and worship of one's husband, and *pativrata,* obedience to her husband, were extremely compelling ones, and in Indian culture[16] transcended religion, so that both Muslims and Hindus observed these rules. This meant for the young girl an unquestioning acceptance of the importance of her husband, his rightness in all things, and her duty not only to her parents, but to respect and obey his wishes and demands, even when they conflicted with her own. Her powerlessness in this respect as a young girl could perhaps explain Phillipe Aries's point, raised earlier in this chapter, which indicated the slower movement of women into the masculine world of men. The greater value attached to male children, and to the development of masculinity, perhaps offered more room for the development of the male psyche than for that of the female. The instruction from birth in the expectations of the female role—first to serve parents, then husband and in-laws—must inhibit the separation of the female id from ego, and thus femininity was allowed fuller expression in a domestic or private sphere.[17]

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[15] I have not discussed here other factors that possibly played an equal part in the choice of partner—that the families were respectable, in the sense of being religious and law-abiding. In some cases exchange of property and economic reasons were also important. If a girl married into better circumstances, then it was less likely that she would have to work as hard for a living all her life.

[16] I argue here and elsewhere that the classic patriarchy found in the Indian subcontinent influenced gender relations and the culture of gender in the different religious groupings. Because Hindus are by far the largest group, the tendency is to treat Indian culture as synonymous with Hindu culture, and to some extent this is accurate, as they all share a common and dominant patriarchal base in the context of gender relations. The Laws of Manu were the doctrines that informed all aspects of life, both physical and metaphysical.

[17] Once the choice was made by the parents, both girl and boy were committed. In reality all marriages could not have worked out, as these ideas of commitment, respect, companionship, and love based on partnership and respect were transferred onto individual couples who had different personal histories, came sometimes from different economic circumstances, and had different psychological and sexual needs. It was by no means a formula that always guaranteed a successful marriage. Nonetheless, tradition had provided a set of rules by which this rite of passage should be traversed.

The notion that children were adversely affected by these arrangements was not considered significant at first. Children were clearly not assumed to have rights in the modern sense of the word, nor for that matter were they thought to be sufficiently emotionally developed to have likes and dislikes. This was clearly contradictory, however, for girls were married very early to ensure that their perceived uncontrollable libidinous instincts at puberty would not be misplaced. Within the Indian family and in Indian culture, nonetheless, birth is ceremoniously celebrated, and children are welcome, fertility being a sign both of productive fecundity among women and of virility among men. In practice, unless the situation is an unhealthy or unfortunate one, children are often spoiled and indulged by parents and grandparents. Thus, it is unwise to assume that Indian parents, in marrying their children at an early age, were indifferent to the emotional needs of their children. They operated more in the context of unchallenged traditions and perhaps, for some of them, with the knowledge that they had also experienced a similar system and survived it. Yet clearly it did affect the child, as Jameela recalls. She was married at age 13 to Hamza, who was 20 at the time.

> Long time people never like to send they girl children and thing to school far and thing, but we used to still go and learn little bit. . . . and when people want to marry they children they eh asking them if they want to married you know. When they feel that is time to married them they getting somebody and married them. Well when after they saying that, I have to marry now. Long time children when they have to marry they eh have no gladness for that. They used to study their parents house and thing. And is according to when you married and come what kind of treatment you getting na. But look now, they does like one another and see one another for how long, and when they get married that marriage does last for two years. . . .
>
> When I did just married and come I used to cry you know. I used to miss home. Well he used to talk and thing na. He used to dey telling me that doh study home, that is here I have to stay, that I eh go have trouble for nothing. I used to study meh brother and sister now. When I go if I go by meh mother and spend a few days and ah coming back and as I reach round the corner dey I used to start crying. Meh mother say when she married she couldn't put on her clothes and meh grandmother used to carry them by the river and bathe them and put on their clothes and when she come home she used to ask them what they want to eat and cook for them. (Tape 20)

The disparity in the age of bride and groom was not perceived as problematic for the girl. The crucial feature for both her parents and that of her in-laws was her virginity at marriage. The incompatibility of age between the couple was again not conceived of as a dilemma, as the young girl was in any event to be tutored in the ways of the new household, instructed in their expectations of her as a *dulahin*, and how she should serve her husband. She literally moved from the care and protection of her parents to that of her in-laws and husband, in no way viewed as having an individuality of her own. Being of a tender age, the young married girl, if she was lucky, was at first treated like a child in the in-laws' house, still playing the games of childhood, sometimes protected by the mother-in-law from sexual contact with the bridegroom if the girl was too young. This ensured that for a while at least the sexual exploitation of young girls was preempted by parents and kin. Sexuality and love were communicated to the child, just as she was taught other domestic skills that she would be required to carry out within the new family. In this regard the period of childhood was generally one of innocence and inexperience for the young girls (and sometimes the boys), certainly in the area of sexuality.

Women who were married very young were initiated into their sexual experiences in different ways. The inexperience of both male and female usually, but especially that of the young girl, meant that the sexual act could come as an unpleasant surprise to some who were more rudely introduced by uncaring partners. It seems, more generally, that the gender system had devised ways and means in the past to introduce the too-young bride to the intricacies of married life as well as to teach her the biological facts of life. Thus we find that in Trinidad, as possibly in India, the early sexual experience in marriage ranged from pleasant to an ordeal. Rupanee, who was born in 1909 in a village in South Trinidad, was married by arrangement at the age of 15. She remembers:

> First time when they married you before, they eh want you to see that (periods) yet you know. I didn't have none. When I married then I have. And hear what happen, when I married in fifteen years, the mister was a little older than me two, three, years. Like I have fifteen years, he have eighteen, nineteen years. He have more sense. This day when they marry they put we in the room. I sit down and crying whole night, two, three, night. And the mister dey by me now, coaxing me, telling me, I say don't touch me eh, no he eh go touch me but sleep. Holding me like a sister and brother, we dey together, months pass, we never do nothing yet and when the other month come now, well now we coming in nah, easy easy, well he say we married and we have to stop together and do this and that, he have more sense na, he never hit me a slap so anyway in meh body. I come dey as a child and I keep with them as a child, and we getting through little bit now, this week a little bit, next week a little more, look ah telling you what pass. And when you see that thing come, I go to sleep, oh god when I get up I see blood, I bawl, I say oh god like he bust meh body, I fraid. I cry and when he get up and watch ah say look what you do, he say he eh do nothing, what happen, he gone and call his sister-in-law, she come and wash me, change me clothes. . . . he say nothing eh happen, it does come so every month. (Tape 45)

Her daughter Omatee recalls that she was brought up the same way:

> They was very young girls, under thirteen years, and in those days the parents could have married them. Well when they go to the mother-in-law house now, and when they reach in such a house, now that mother-in-law have to teach them. Or if they have a bigger sister-in-law to the house, she will teach them. Well so you have to stop and this will happen to you and that will happen to you. You have to teach them now. The girl mother will tell her somethings but the other part she will get there. The parents will teach the boy too, but they feel that the boy will know, but if he don't know they will teach him, the bigger brother or the brother-in-law. I mean the mother mightn't tell him but the brother-in-law or the brother will talk to him. (Tape 44)

There had also been in India a practice that was carried out in Trinidad perhaps for a short while, and was a ritual associated with the marriage ceremony. This was the custom of sending with the young girl to her in-law's house an older aunt who would act as chaperone to ensure that the girl would not be rudely violated. The presence of the *lookanee* was explained not by her role as chaperone and to safeguard the violation of the young girl, but rather by a symbolic rite. Omatee remembers:

> You have to take an old lady and send her together with the girl. The lokanee will sleep with the girl because that boy can't come and sleep with the girl for three days. They say the thing in the hand, the kangan in the hand—they say they invoke some evil spirit, when they invoke something and they say a prayers and they tie that for you so they say you have to respect that so you just cyar let the boy come by the girl, so they put the lookanee for that. (Tape 44)

Gayatri was born in a northern village in Trinidad in 1919, married at age 19 by arrangement, and had a roughly similar experience.

> He was good to me, he was more a worldly type, I had lived a sheltered life though we used to go all about, and he was patient with me, he was good in his way, he never took advantage like some people, like the marriage you have to go to bed with this woman right away. It wasn't like that, he was patient with me and waited until I was ready. (Tape 38)

All girls did not have such a good introduction to the sexual experience; nor did all arranged marriages work out. We have no way of knowing how many did or did not, for this requires another kind of research. What can be inferred from this shift from childhood to a married state is that the idea of adolescence did not exist. Some girls would have a very rude awakening to sexuality, and others would have to contend immediately with pregnancy and the burden of domestic labor.

Sex as a subject was taboo insofar as children were concerned. Girls especially were taught the mechanics of what to expect, but none of this was described in terms of their pleasure. The taboos of addressing sex in the Indian context were not associated primarily with guilt as Christianity had imposed on bodily pleasures in the western context. It seemed more so to reside in the context of shame. For young women, "Yuh mother eh telling you nothing before. That is not something to tell. They shame" (Tape 44).

In fact the gender system had worked out different ways in which this knowledge was conveyed without falling prey to shame and keeping what was referred to as the "respect" required between parent and child. For example, one of the rituals of the Hindu marriage ceremony, referred to as *maticore*, was held on the Friday night before the wedding. This ritual was carried out by women, and the *lawa*, the parched rice used symbolically in the actual wedding ceremony, was prepared. This preparation was accompanied with singing and dancing among the women. Both the songs and dances were very ribald and sensually expressive, and young girls, including the bride, would be present. Some of the dances imitated the sexual act, with the older experienced women usually taking on the roles of men and women. Together the dance and lyrics of the songs began preparing the young girl for her introduction to an active sex life. It is interesting that these were occasions of great enjoyment and festivity, and the treatment of sex here was not at all in the sphere of shame or guilt; rather, the prurience and enjoyment of the women in this occasion and the dances bordering on the obscene, suggest that many had had frank enjoyment of sexuality, which they were willing to impart to the younger ones (Tape 13).

Male sexuality similarly was not discussed between father and son. One respondent noted: "Although they feel that the boy will know, but if he don't know the brother-in-law or brother will tell him, not the mother" (Tape 44). Mohania also suggested that many boys did not have sexual experiences before marriage. If they did, "sometimes they get it from neighbors around, they cousin's wife more older than them" (Tape 13). But somehow, boys were expected to be sexually experienced on their marriage, despite the notion that child and adolescent sexuality did not exist. Apart from the suggestions of Mohania that they got this early experience from neighbors or older relatives, there was also the classic explanation. Others have suggested that in the village there were always a few unmarried women of "easy virtue" who serviced the extramarital needs of the male population and who would also introduce the young boys to their early sexual experiences (Tape 5, Tape 42).

Communication about the sexual act or reproductive functions was not an easy thing between parents and children. There was absolutely no discussion about this with the father or male members of the family, for instance, and even between mothers and daughters, the concept of respect precluded many disclosures. The learning of facts associated with sexuality and reproduction, on the whole, since these two were closely associated, was usually done by older siblings of the same sex or more frequently relegated to other non-blood relatives. Before marriage, the young Indian girl, still a child, could be totally ignorant of basic biological facts. Omatee, married at age 13 new nothing of these facts; nor had she had her menstrual periods yet. Her mother Rupanee, had also had the same experience. She recalls:

> My mother never talked to me, nobody never tell me, but when something happen to me I feel very suspicious because I didn't know nothing, but when it happen, it happen three months after I married, I didn't know what to do. I feel very frightened now. So I come back to tell meh mother. She tell me so you must be and that whey go happen to you, but I stop three years before I get pregnant. (Tape 44)

In the legacies of India, the taboos against the open transmission of knowledge of sex and sexuality was generally conveyed through a complex network of rituals, songs and dances. In Trinidad, much of this broke down, and in some cases, it was lost completely, yet the transmission of this knowledge must continue and thus it did, in some of the ways I have described above. The developments that were taking place in the deferment of the age of marriage, and in the prolonged education of boys and girls, began to add other notions of love and sexuality to those ideas transmitted by tradition. In this deferment, the period deemed childhood in the Indian family also began to expand along with these new considerations on the age of sexual maturity. The next section examines some of these developments.

"SONGS OF EXPERIENCE"

Many among the non-Indian population in Trinidad blamed the Indians for not taking advantage of educational opportunities where these had been made available, and furthermore, they pointed to the way in which girls were deliberately kept away from the education system. In the column "Our Letter Box." W. I. Green wrote:

> So many schools have been operating for Indian children for the past 60 years; but it has to be admitted that these schools have been far less effective than they might have been for the reason that probably not more than 20 percent of the enrollment remain long enough in school to get any permanent education.. . . And to this is added the fact that a surprisingly large number

> of Indian children, especially girls, never see the inside of a school. Indian girls are growing up who cannot sign the marriage register when the occasion arises. (*East Indian Weekly*, April 2, 1929)

As if to encourage the trend toward greater female education, the *East Indian Weekly*, a paper published weekly between 1928 and 1932 that progressively championed the rights of Indian women, was quick to feature any stories related to success in women's educational achievements. The editor applauded the success of a Trinidad lady, Miss Rita Nancoo, daughter of Mr. Robert Nancoo, who went to UCL in 1925 and did a B.A. in languages—French and Spanish.

> In view of the present resolve of parents and guardians of girls of this colony to open the gates of learning to their charges, there can be no doubt that the services of a lady of such splendid qualifications as are possessed by Miss Nancoo will be much sought after. (*East Indian Weekly*, June 8, 1929)

By this time there was a generally observed postponement in the age of marriage. It was definitely becoming more acceptable to send girl children along with the boys to school. The postponement of age of marriage, coupled with the fact that girls were attending mixed sex schools, meant that they had to be told the facts of life. "Well I tell my children, I tell Meena, because you know when you have to go to school you have to tell them "these things" (Tape 46).

Even though they were allowed to go to school there were still numerous safeguards to a girl's chastity. Omatee remembers:

> We eh getting to go no way, you cyar go no way. I from school, and we go to Lengua Presbyterian school, we come home and that was that. I gone to school when I had about three years when I start going to school and when I had about fifteen years I stop school and quick after that I get married. I gone to school and I read up to seven standard. A set of ten or twelve of us used to go to school from here. Walking, all of us going together. And sometimes when they feel the children eh coming the teachers used to come to your home and carry you to school. (Tape 44)

Efforts to encourage the education of Indian children were made since the late 19th century by the Presbyterian missionaries, who catered primarily to the Indian population. Without this provision the majority of Indian parents would have been reluctant to send their children, especially their girls, to the government or Catholic primary schools for fear of them mixing with non-Indians. The other children in the school were mainly Indians—either Muslims or Hindu—and they would mix indiscriminately. This was always restricted to school time alone; when school "broke off," each went their separate ways. Marriage between Muslims and Hindus was not encouraged, and clearly this prevented any further intimacies developing between the different sexes of either group.

The valuable work of the Canadian missionaries in the education of Indian boys and especially of Indian girls should not be underestimated. It must be recalled that in the early 20th century, the idea of schooling or a professional career for girls was still unthinkable, even though by that time it had become both acceptable and desirable for boys of the more entrepreneurial class of Indians, who could afford to educate their sons. The majority of Indian families did not have the means to educate both sons and daughters after a certain age. At the age of 10, if they were permitted to go to school until this age, girls were taken out of school and sent to do sewing, and wait for marriage. For those boys who were part of the laboring class, if they were not immediately roped into full-time estate or agricultural work after school, they were allowed to go into some trade, especially that of tailoring or "mechanic." Yakoob, born in 1930, started to work on the Bronte estate when he turned 13, and his schooling was considered complete by his parents. Being a good student at the Presbyterian school he had attended, he was sought after by the headmaster and was encouraged to leave the estate where he had begun to work as a full-time laborer, and to start a career as a teacher through the pupil teacher system. This system allowed both young men and young women to enter this profession and be paid a minimal sum while being trained. Yakoob's younger brother had a similar experience and was persuaded to give up his apprenticeship as a motor mechanic in which he was not at all happy, also to become a pupil teacher (Tape 31).

Depending on the economic situation of the family, the foresight of some more progressive parents, and the general importance of education in the Colony, Indian girls were also given opportunities to continue their training in areas in which they could develop a career. These were admittedly far fewer than men. By 1947, for instance, when the pupil teachers examination results were published in the newspaper, there were many Indian men and only a sprinkle of Indian women, like Elizabeth Sampath, Flora Armoogam, Dorothy Ragnathsingh, Yolande Teelucksingh, Sylvia Kemkaran, and others (*Sunday Guardian,* November 7, 1947). It is interesting to note here that most of these women probably converted to Christianity or were born into Christian homes, otherwise they could not have continued their careers. While they have surnames of Indian origin, their first names are all christianized ones, it being the practice among the Christians to allocate a Christian name to the converted Indian.

The Reverend Mary Naimool, born in 1918 into a Presbyterian family and the first female Presbyterian minister in Trinidad, observed in an interview:

> I was nurtured in a Christian home. I was born to Christian parents, and I think all of us, from my eldest sister right down to the last boy were born to

> a Christian home. We didn't have any Hindus in our family but from what I have observed, growing up in a Presbyterian home as compared to a Hindu home, the Christians, especially the women, had more opportunities. The young girls had more opportunities to go out, to study and so on and that is how my sister became one of the first teachers in the whole north, herself and Dr. Mahase's mother. There was only one strong objection—we were not to travel.[18] (Tape 23)

To accommodate the Indian parents in this respect, the Presbyterians had introduced the Iere Home for Girls in Princes Town as early as 1905. Later with the construction of the Naparima Girls High School[19] in San Fernando in 1913, a dormitory was attached to the school compound. In this way, Parbatee had access to a secondary education. As she was the first child, her father agreed to her secondary education, but because she was a girl, he agreed only because there was a dormitory at the school (Tape 25). Parents thus continued to safeguard the chastity of their daughters by ensuring that they would not be mixing with the wider public on a daily basis.

The Presbyterians did not mind educating the girls, but they were always primarily educated to be good wives and mothers to the growing numbers of educated men. This was not only the sentiment of the Presbyterians, but the one generally held by a population committed to separating its womenfolk from the wider masses and preserving the purity of its race. In the prize-winning essay on "East Indians in Trinidad—their Problems and their Solutions," the author, Bayansingh, had this to say:

> So much for the boys. What about the girls? Are they being fitted by education to make themselves suitable wives and worthy mothers? . . . The La Pique High School for girls and the Archibald Vocational School are doing very good work in that direction for Christian girls, but what of the Hindu and Moslem girls? . . . "The hand that rocks the cradle, rules the world" was not meant for the girl who was forced into marriage as an ignorant child of 12, became a mother a few years later, and thereafter remained a drudge. Parents should see to it that they are educated, because on the girls depend the future success of the people. (*Sunday Guardian*, December 9, 1934)

There was a growing sensitivity to the problems of early marriage, but early wifehood and motherhood were still viewed as the future roles of all girl children. When both boys and girls who were fortunate to be educated did attempt to obtain the white-collar jobs of teaching in the Presbyterian schools, it was nonetheless contingent on their conversion to Christianity. Ironically, the first Hindu-Muslim school was founded in 1930 as a reaction to the Canadian mission's dictum that all Indians had to convert to get jobs.

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[18] The idiomatic expression for taking public transportation, as opposed to having one's own vehicle.

[19] Also referred to as La Pique High School, the school compound was set on a hill called La Pique in San Fernando, a town in the south of Trinidad, and a site which the Presbyterian presence was concentrated.

Once these doors started opening for Indian women, it is remarkable how quickly they were entered. When Indian parents realized that their girls could "take" education just as well as the boys, the ambitious and more progressive ones latched on to this. It is likely that many mothers, and a few progressive fathers, saw this as offering their daughters a way out of early marriage and a means of equipping them with tools to confront better the changing times in Trinidad. The values of the new society conflicted with the traditional ones of Indian culture. Education was no longer to be restricted to the members of the Brahmin or priestly caste, but should be available to lower castes as well. The capacity to speak "proper" English, the movement out of agriculture and manual labor to white-collar jobs, the shedding of countrified habits of speech and dress, were all insidiously affecting the traditional and largely rural Indian population. The community approbation of those women who did receive education and were making good contributions to the society at large did not go unnoticed, and without a doubt this encouraged many parents to continue girls' education. Reports such as this one, about achievements of a successful Indian woman in the *Trinidad Guardian*, were highly supportive of a more public role for women of this ethnic group in the community.

> Dr. Stella Abidh, connected with the medical supervision of schools in the south of Trinidad, has been rather busily engaged during the whole of last week visiting schools, especially in the Princes Town Circuit and its environs. During her tours of medical inspection, this genial doctor spares no pains in giving ready advice to parents and pupils alike with regard to the general health and feeding of children of school age. Personal hygiene and general health are the two themes this lady-doctor specially emphasizes and oversees. (*Sunday Guardian*, September 23, 1934)

The handful of Indian women who made these significant leaps in the relatively small society of Trinidad in this period provided crucial role models, while justifying the expenditure on female education. It also proved, contrary to long-held popular opinion, that girls were intellectually capable of receiving an education and were not merely that part of the species provided to ensure the birth and growth of new generations. In the opportunities that Indians now were finding in the educational sphere, women began to figure as viable candidates for success. When the London Cambridge examination results were released in 1934, "Indian News and Views" headlined its report on the results "Indian students' success at Local Cambridge exam" and commented:

> It is gratifying to note that out of a total number of 21 school certificates secured by Trinidad Indians, 8 have been taken by girls, and out of a total of 33 Junior certificate, 12 have been taken by girls. This gives a clear indication that apart from the general advancement of Indians in the educational pursuits, parents of East Indian girls are fast realizing the importance of educating their girl children. The determination of our Trinidad Indian girls to place themselves on par with the boys in education matters is clearly manifested. (*Sunday Guardian*, November 4, 1934)

We can safely conclude that by 1934, some Indian women had come a long way in education, creating a space for others to follow. The "Indian News and Views" column was again ready to observe from its Indian essay and children's stories competition that "An outstanding feature of the Indian essays was that practically every writer emphasized the need for better education of Indian women, and that it was no longer an automatic response on the part of Indian parents to arrange the marriages of their daughters by the age of ten or twelve" (*Trinidad Guardian*, 1934).

In 1939, the uneven situation of Indian girls (as compared) to Indian boys and to the rest of the girls in the society was still cause for comment. Captain C. O. Cutteridge, director of education for that year, reported in his Administration Report that "The total number of girls on **roll** in Primary and Intermediate Schools was 35,386, whereas the boys numbered 41,666, a difference of 6,380 which is largely accounted for by the fact that East Indian girls seldom attend school after the age of 9–10" (Trinidad Despatch No. 232, 14/8/41). By 1945, however, the new director of education for this year, Patrick, commented that "There was a noticeable increase in the number of East Indian girls in the upper standards of many of the schools and as much more practical work is being done in these standards, the benefits to those girls of the longer school training will soon make themselves evident" (CP 41 of 1945). The enrollment for secondary schools had also increased considerably; by 1947, when Margaret Scrimgeour, daughter of Presbyterian Reverend J. A. Scrimgeour, became the principal of Naparima Girls High School, the enrollment figures were 58 girl children 4 to 8 years old for the preparatory school, and 420 girls 9 to 19 years old for the secondary level education.

The Hindu and Muslim population had also stepped up their efforts to provide education of one sort or another to both boys and girls, even if in part this was inspired by the need to not lose their flocks to Christianity. Always underlying this, of course, were the cautionary measures to regulate the freedom with which girls mixed with boys of other races in the secular system of education. Thus by 1940 more Hindu schools were being established; at the opening ceremony of a new Hindu school started by the Sanatan Dharma Board of Control at Orangefield Road, Carapichaima, on Sunday, February 18, the president of the board, Mr. Ranjit Kumar, explained that "the Hindi schools were not intended as a substitute for

Government schools but as supplements. . . . The purpose of Hindi schools was to maintain and advance the Hindi language and Hindu Dharma" (*Trinidad Guardian*, March 2, 1940).

Despite the contradictions inherent in the provision of education for both boys and girls, and especially that for girls, education is an institution that possesses its own relative autonomy. Once education was made available, and with this the opportunities it allowed such as mixing, meetings, experiences, and promises of a different future, it took on its own momentum. Education inspired girls, in many cases with the encouragement of their mothers, in fewer with the cooperation of their fathers, to struggle for a different life than that stipulated in the legacies from India that their ancestors had brought with them many decades before. I argue that education was one of the major methods which Indian women used to negotiate terms for a deferment of marriage age, the extension of the period of childhood and age of sexual maturity, and by this means as well to have the option of choice in a marriage partner. This negotiation was done by many mothers on behalf of their daughters, by some progressive fathers, and in some cases by the girls themselves, many of whom would have noticed that girls of other ethnic groups were not forced into early marriage and childbearing. The extension of the childhood of girls would also benefit boys otherwise forced into early manhood and responsibility. Thus both sexes would enter marriage with more experience of life and some exposure to the customs of other ethnic groups in the society.

THE BIRTH OF INDIVIDUALITY AMONG INDIAN YOUTH IN TRINIDAD

The shift that began in Trinidad between 1917 and 1947 with the growing acceptance of education for girls was a deeply radical one. In the 1920s Moonie said her father categorically refused to send both her and her sister to school for fear that they would learn to write and thus write love letters to boys (Tape 54). Keeping a girl uneducated, under the constantly watchful eyes of her family and restrained from mixing with the wider society, ensured that her sexual experience would be confined within marriage, and the good name of the family would be preserved.

One must ask, however, why was this system of control such a compelling one that it was recreated in Trinidad and practiced as much by women as it was by men? As has been established elsewhere (Mohammed, 1994; Reddock, 1985) there had been a dramatic shift in the notions of sexual freedom and monogamy, a shift brought on by the gross imbalance in the sex ratio during the indentureship and early postindentureship period. This shift heralded a nuanced but very fundamental idea of the equal right of choice for both sexes. The reinstitution of the arranged marriage at an early age restricted the capacity for choice and thus the period of childhood, which extended into adolescence and early adulthood before marriage. The deferment of the age of marriage gave rise to the opportunities by which boys and girls would begin to mix with each other unchaperoned. This deferment also gave rise to a period that could be described as "youth," neither child nor adult. Here we begin to have the simultaneous development of defiance of parents and traditional values among some boys and girls, and a concept of western romantic love blending with Indian tradition and values of respect and duty to parents, kinship rules, and community. Narsaloo Ramaya, for instance, recalls his parents' attempt to arrange his marriage and his challenge to this effort to plan his life. His parents who were both India-born, had left the Forres Park estate in south Trinidad in 1929, when he was 10 years old, and had moved to the capital city of Port of Spain. While living and already working on the estate, he had developed a friendship with a young girl on the estate. After Narsaloo's parents moved to Port of Spain; he continued to visit the estate, ostensibly to visit his aunt who lived there, but once there, he continued to meet his girlfriend, Baby. His parents had other ideas for his future, however. He related the uncomfortable situation in which he was placed. He was not yet 20 years of age at the time.

> My parents want me to marry a Madras girl which they had chosen in Caroni. I went to see her and I embarrass my father and them very much. Well, they carry me to see the girl, I say I don't want to go, they say come go you will like the girl, the girl nice, you go forget this one. I went to see the girl and boy when I went there and I sat down there waiting, waiting, and then I see this girl come out with all she hair, well she must have bathe and all she hair hanging down her back, yuh know sometimes they don't comb it or plait it or anything, . . . and I remember she just come out and she sit down, I just watch at she so and I turn meh face, and you know how I embarrass them. Imagine you go to see a girl and they will prepare food and meh father used to drink and that girl father was his good friend, may be they used to meet and drink and thing. I must have spent just five minutes with the girl. I eh talk to she you know, ah just get up and I told meh father ah going, and ah walk out of the house, ah walk out you know. I did a terrible thing, I did a terrible thing. I does think about that. And you know meh father was vex, so soon after meh father came because he couldn't sit down and partake of the people food and thing. I always thought about that—it must have been a terrible thing, and all the time I was thinking of Baby. (Tape 27)

He proceeded sometime afterward to the Forres Park estate and eloped with Baby. While Narsaloo chose his own bride, his two sisters had arranged marriages. One can argue that personal choice of a spouse was first open to boys rather than girls. Nonetheless, this was often still contingent on the girl's parents consenting to her marriage to the young men who requested her hand in marriage.

This was a time of great contradictions, with institutions and individuals, boundaries and traditions pushing and pulling at each other, and this is reflected in the different kinds of arrangements that were occurring simultaneously. For instance, at the same time Narsaloo was contriving his own future, in a village in south Trinidad, Yakoob, a Muslim born in 1930, got 'friendly" with a Hindu girl from the same village, but his mother who was very ill, was anxious to arrange his future and to ensure that his younger brother at home would also be taken care of in the event of her death. She also wanted to preempt the possibility of his marriage to a Hindu girl. She arranged a marriage for him with a young Muslim girl. Apart from the disapproval of marriages between different castes, marriages between Hindus and Muslims were also viewed unfavorably. Yakoob was brought up with the notion of respect for the wishes of his elders and conceded to his mother's choice, especially as it was her dying wish. He was married at age 21, despite his fulmination at having to concede to her choice, to Zalayhar, who was then age 17. Thus the system of arranged marriages would continue for many of the women and men born into the first half of the 20th century, while, simultaneously, others had begun to challenge it and claim their own choices.

The shift from arranged child marriages to arranged marriages at an older age was the first negotiation within the institution of marriage. Some notion of choice had begun to enter even in the institution of arranged marriage, as the prospective bride and groom were allowed to see each other and decide if they agreed on the choice of their parents. More fundamental to this shift, however, was that it also involved a different concept of love within the gender system, one that moved from duty, respect, and commitment to incorporate ideas of physical attraction, sexual desire, and finally free choice or consent of both individuals, still in this period generally contingent on the approval of parents and kin.

CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

The focus in this chapter has been the implications of arranged child marriages for ideas of childhood and the age of sexual maturity among the migrant Indian population of Trinidad. It was necessary to establish a theoretical framework for this issue that combined both Eastern and Western conceptual thought, as the movement of Indians from the then British colony of India to the British colony of Trinidad in the 19th and early 20th century made for a collision as well as collusion of both worlds. The evidence examined illustrates that the period of childhood and ideas regarding children's rights expanded as marriage was deferred to later and later ages. The deferment of age of marriage resulted from the condemnation of this system in India as well as the further disruption to Indian traditions in Trinidad. The influence of the Christian teachings of the west allowed girls and boys of all castes and classes a longer period of schooling, the opportunities for mixing with each other, and an interval before marriage that permitted them time to develop as adolescents, as well as the chances to develop a career and thus independent means of livelihood. For the boy or girl this allowed for an individual choice in marriage partner. In Trinidad this was occurring simultaneously in the context of an erosion of other tightly knit structures of the kinship system, to be replaced by more western ideas. While sexual knowledge was still a required part of the shift from childhood into adolescence, this was not necessarily accompanied by sexual experience borne out of early marriage. We can therefore surmise that the age of sexual maturity, if this is derived from and premised on both knowledge as well as practice and responsibility for active sexual experience, was also undergoing an increase with the lengthening of childhood.

Within Indian culture in the 18th and 19th century, the question of social conformity to religion, ritual practices, community, parents, and kin was the uppermost feature that consolidated the reproduction of this culture. Religion dictated all of these rules and was above question. The persistence of religious doctrine required a tightly knit caste system that regulated the division of labor and the skewed hierarchy of occupations in the wider society. The closest equivalent to this phenomenon in the West is the way in which the class system, especially that of the aristocratic class, is also reproduced, with a system of marriages arranged for the benefit of property and to ensure that bloodlines are not watered down. In India, the system of arranged child marriages functioned as the practical way in which philosophical ideas pertaining to Indian culture, caste, hierarchy, wealth, power, and social differentiation were secured. The prehistorical origins of this system and the social reasons for its evolution, though important here, cannot be pursued. Logically, what can be imputed is that caste hierarchy could only persist through the control of individual desire. Thus the individual was regulated as soon as possible, from birth with a caste status, in childhood by marriage and responsibility to parents and spouse, and throughout life by a continuous stream of religious rules to ensure that ideas of purity and pollution were maintained, even unto death.

It seems to me that the period of childhood, unwittingly poised to confront the tradition of generations, confronted such a system, and thus required adequate surveillance and control. This idea is developed in

Foucault's historical examination of sexuality. He observed that the sexuality of children, as with women, posed a threat to the secular and denominational order of society and thus had to be organized for the benefit of both the church and the state. There is an uncanny resemblance in the historical treatment of children and women. Where female sexuality was feared because it was not fully understood, it was heavily controlled by rules of social behavior as well as by religious doctrine. The language world of children was also unknown but feared. Some evidence of this emerges in Blake's *Songs of Innocence and Experience.* His poems often echo the voices of children, who ingenuously comment on racial difference: "My mother bore me in the southern wild, And I am Black but O! my soul is white; White as an angel is the English child, But I am black as if bereav'd of light," or the coldness of religion, which preached forgiveness and love: "But if in the church they would give us some Ale, And a pleasant fire our souls to regale, We'd sing and we'd pray all the live-long day, Nor ever once, wish from the Church to stray."[20] Childhood innocence, untainted by lust for power or wealth, unaware of differences and divisions in society even if aware of diversity, not yet beaten into social conformity, surely presented a threat to any system that exacted deference uncritically.

The responsibility for family honor, which was also thrust onto the girl child, suggests that not only was sexuality itself being coerced into moral and social acceptability, but that reproduction of the species was deemed desirable only within the institution of marriage. This feature, at least, was common enough to both West and East. Jack Goody gives reasons for the early marriage of girls, which ensured not only that the concepts of virginity and honor were kept intact, but that strategies of heirship and transfer of property could also be facilitated.

> Where women marry young, the code of honour can be more easily sustained, the breaches being less frequent and more serious. Moreover, the courtship of adolescents is restricted, possibly preempted, by parental choice. On the other hand, later marriages for women makes pre-marital chastity more difficult to maintain; choices are freer, courtships are longer and delays in marriage lead if not always to 'illegitimacy' at least to bridal pregnancies. (Goody, 1983)

While pregnancy before marriage was at least recognized and allowance made for in western culture, this was not the case of the east. The control of children, and girls in particular, was far more vigilant and allowed for a greater contradiction in ideas of childhood. On the one hand, children were more petted, cajoled, and treated as mindless individuals; on the other, they were invested with greater responsibility to understand sexuality, and to conform and follow social rules and expectations.

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[20] The first lines cited are from the poem "The Little Black Boy" in *Songs of Innocence,* and the second, "The Little Vagabond" in *Songs of Experience,* written by William Blake between 1788 and 1794.

The question this chapter raises, which should be responded to briefly, is: If the virginity of women was highly prized, and premarital pregnancy was indeed always a problematic issue, then why did there not emerge a system of early marriage in the West among all classes? Goody (1993) suggests that the Christian church, which had "encouraged personal choice in marriage as strongly as they did in testament," placed greater emphasis on the consensus of partners than on the wishes of the parents, kin, or the wider society, thus allowing more scope for the affection and emotions of the individual. The tradition of the east, with its emphasis on communality, the dictates of religion, and respect and duty to parents and kin, was in my view challenged in Trinidad by Christianity, and thus allowed the space for individual choice, as well as new ideas of love and respect, childhood, and sexual maturity, to emerge.

This juxtaposition of East and West, and the vast array of ideas thrown out in this chapter, admittedly make for inconclusiveness, for this raises a number of further questions that cannot be resolved either in the theoretical discourse or through the empirical evidence presented here. The idea of childhood and age of sexual maturity, is, nonetheless, an engaging one. Given the virtual invisibility of the child in history, it may be necessary to study childhood from different and creative directions. More important, by delving into this area of research we have demonstrated that the family is a changing institution, constantly renegotiated within different cultural, ethnic, and class contexts. This brief survey has revealed an insight into the dynamics of social change within one society as a result of the process of migration. This kind of research is vital for us if we are to appreciate the complexity of our shared histories in the Caribbean.

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Chapter 6

The Status of Child Care Supports for Jamaican Families

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It is now well established that the period between birth and five years has more influence on the behavior and achievement of an individual than does any other period of human development. Based on this significant international consensus, policy makers in all countries must be held particularly accountable for guaranteeing the implementation of programs and policies that ensure the appropriate growth and development of young children. While it may seem impractical and even irrelevant for developing countries such as Jamaica to examine the cost benefits of investing in universal preschool education, important considerations remain regarding such an endeavor.

What does the research tell us about the specific effects of early childhood programs? Review of the literature (e.g., Haskins, 1989; see volume by Roopnarine & Johnson, 1993) on model early education programs provide unequivocal evidence that quality preschool experiences can have significant positive effects for U.S. children. Because of the expense and impracticality of replicating the high-cost model programs on a wide scale in any country, the Head Start program in the United States offers a fairly close approximation of what could be expected from universal preschool education for poor children. Enrollment in model programs and Head Start produces significant and meaningful short-term gains in children's intellectual performance and socioemotional development. Although the extent of these effects appears to decline gradually after completion of intervention, there is still strong evidence supporting the fact that quality early childhood programs can reduce the rate of grade retention and placement in special education classes. On measures such as reduction of teenage pregnancy, delinquency, welfare participation, and unemployment there is also modest evidence of the positive impact of enrollment in early childhood programs (Schweinhart, Barnes, & Weikart, 1993). In similar studies conducted in the United Kingdom (Osborn & Milbank, 1987; Wadsworth, 1986), even stronger cognitive gains were found in preschool graduates than those demonstrated by studies in the United States.

Though most of the research and review of the effects of preschool interventions have been conducted in industrialized countries, one review by Van der Dyken (1986) specifically examines preschool programs in the "developing" world. His analysis revealed that few developing countries have designed their own indigenous preschool curriculum and that in certain cases (e.g., Nigeria), child-centered approaches often clashed with traditional expectations of unquestioned obedience to elders. Across cultures, there is a strong need to consider the specific cultural expectations and indigenous child rearing practices in the implementation of early childhood education programs.

Given the developmental importance attributed to the early childhood period, and the increasing phenomenon of both parents and other traditional caregivers (e.g., grandparents) being involved in the labor force, it behooves us to consider whether parents should be the sole decision makers and monitors with respect to the care of their young. Considered broadly, child care arrangements may be defined as any caregiving situation other than that provided by parents (see Howes, 1993). Included in this definition is the care provided by preschools, home nurseries, day care centers, babysitters, grandmothers, and even neighbors. Is there a role for government to play, and what should this role be vis-a-vis parents, with respect to the provision of child care?

Because research studies have shown that parental satisfaction with child care is unrelated to the quality of the child care arrangement (Kisker, Maynard, & Gordon, 1988; Hayes, Palmer, & Zaslow, 1990; Shinn, Howes, & Galinsky, 1990), there is a strong position from child advocates that the state must ultimately regulate the quality of child care. While parents as consumers of child care must be involved in advancing concerns about child care quality, parental satisfaction about child care is too often based on the child care options meeting the parents' needs of cost and proximity, rather than providing the quality of care that is sensitive to the needs of the child (Howes, 1993). Moreover, families under stress and with more limited economic and personal resources secure lower-quality care (Belsky, 1990). Perhaps state intervention in early childhood education, particularly in situations in which families are unwilling or unable to pay for quality care, is an urgent need. Beyond providing day care supports for working parents and for children's development, early childhood programs are possible points of intervention for health and social service needs for low-income families (Evans, 1993), especially in transmitting information to parents about how to nurture and provide stimulation for their children's cognitive and social growth.

Others (Broberg & Hwang, 1992) argue that the system of day care, whether publicly financed or not, may in itself be viewed as a test of the value of children in a society. Recurring themes of deficits in service availability, lack of agency coordination, and weaknesses in personnel quality have been identified in child care systems worldwide. While identifying similarities in experiences, some are quick to point out that to be effective, child care policies must consider the specific historical and social circumstances of the society in which the policy is to be implemented (Broberg & Hwang, 1992).

This chapter reviews the status of group child care supports for Jamaican families. Through analysis of the current child care system in Jamaica, an attempt is made to outline the potential role of day care providers in improving their services to families and children, and to discuss the potential role of government in streamlining, strengthening, and expanding child care provisions for children in their formative years.

OVERVIEW OF PRESCHOOL SERVICES FOR CHILDREN 0 TO 6 IN JAMAICA

In Jamaica, the potential of optimizing development of the country's greatest resource—its human resource—through improved delivery of early childhood care and education remains largely latent. The underprovision and underutilization of early childhood programs in Jamaica result from many factors. These primarily include a general lack of political awareness and will; harsh economic realities; lack of coordination among education, health, and welfare authorities; absence of a comprehensive early childhood policy, and a resulting multiplicity of programs serving children 0 to 6 under different agencies' jurisdictions.

Children from birth to 6 years of age have several possible entry routes into care and learning environments beyond their homes (see Table 1). Parallel to the disparities existing at the primary and secondary levels,

Table 6.1 Overview of Preprimary Coverage in Jamaica

Institution	*No. schools/ centers*	*Approx. % of Population*	*Governance & Financing*
Recognized Basic Schools	1472	80% of 4–6 yr. old	Run by churches, voluntary organizations (minimal fees paid by parents). Annual grants from Govt. Standards monitored by Govt. Regular training of all basic school teachers by Govt.
Unrecognized Basic School	155		
Govt. Infant Dept. (Primary/all ages)	83		Capital and recurrent costs covered by Govt. Monitoring and training by Govt.
Govt. Infants School	29		
Nursery Kindergarten Prep Schools	106	4% of 0–4 yr. old	Run by high schools or churches. Monitored by Govt. Financed by fees.
Govt.-built Day Care Centres	17	6% of 0–4 yr. old	Designed to be run by community management communities. Annual subsidy monitored by Govt.
Home-Based Centers	63		Run by operators in private homes. Financed by fees.
Private Centers	72		Run by operators in leased or rented buildings. Financed by fees.

children of the poor have one set of early childhood opportunities available to them, while their middle-class counterparts have another.

Basic schools, which date back to the early 1950s, serve the needs of the vast majority of the preschool population—80% of children ages 4 to 6. These schools are largely established by church groups, community groups, and voluntary organizations, and rely heavily on community efforts and the private sector for assistance. Annual government grants are issued to Basic Schools that meet certain minimum standards. These are then given the status of Recognized Basic Schools. There is an ongoing training program for basic school teachers (of both Recognized and Unrecognized schools) as part of the Ministry of Education's preprimary education efforts. Community-based Parish Boards and Zone Action Committees play an important role in the management and promotion of basic school networks. The basic school system has caused Jamaica to be ranked as one of the very few countries of the developing world to have such a high coverage for preschool education. Also exceptional is the institutionalization of a low-cost model of preschool education that is supported by organized community support structures.

Infant Schools and Departments

Infant schools and infant departments of primary and all-age schools (grades 1 to 9) are institutions for which government has full responsibility for the capital and recurrent expenditure as provided by the Code of Regulations of the Ministry of Education. The teachers in these schools are trained by the Ministry and the conditions of service are similar to those of primary school staff.

Kindergarten/Nursery Department

Kindergarten or nursery departments have been established in a number of preparatory schools that are private early childhood institutions; the majority of these schools are sponsored and managed by a high school or church. Although nursery and kindergarten departments are privately run, they are registered and monitored by the Ministry of Education.

Government Day Care Centers

Government day care centers were built and have been subsidized by the government since the introduction of a national day care program in 1975. The aim of the government-built centers was to serve the needs of low-income communities, which were expected to take on the responsibility for management of the centers. Today few management committees exist, and those that do are often dysfunctional. Unlike the basic schools, where the initiative and therefore "ownership" of these schools emerged from communities themselves, the government centers were "given" to selected communities. Several of the original 23 centers are presently empty shells, while others are constantly the subject of vandalism and theft. In a way, government centers have become a liability for Day Care Unit staff, who must divert attention from their training and monitoring roles to handle daily operational concerns of the centers.

Home-Based Day Care Centers

Home-based centers, as the name suggests, operate in private homes and enroll from 10 to 30 children. Home-based centers that primarily serve families in lower-income areas of Jamaica have mushroomed in recent years. This has been a spontaneous response to escalating child care needs of women who have been forced to earn for themselves in the face of diminishing family or communal supports.

Private Day Care Centers

Whereas the clientele of government and home-based centers are largely from lower-income homes, parents enrolling their children in private centers are predominantly from the middle and upper classes. Private centers are usually operated in a leased or rented building. While staff in government and home-based centers have little or no training or learning materials to their advantage, private centers are generally better endowed with respect to quality of staff and provision of equipment and materials.

Administration of Preprimary Institutions

Day care centers serving children from 0 to 4 years fall under the mandate of the Day Care Unit, which is a section of the Children's Services Division currently under the Ministry of Health. The other preprimary institutions officially serving children 4 to 6 years old are monitored by the Ministry of Education. The existing administrative/monitoring personnel serving these two systems are outlined in Table 2. Besides an insufficiency of administrative staff, particularly at the day care level, there is little dialogue or collaboration between the two ministries to ensure the rationalization and continuity of program and child care needs for the 0 to 6 population.

Table 6.2. Existing Personnel in Ministries Coordinating Preprimary Education

Ministry of Education (Early childhood unit)	*Ministry of Health (Day care unit)*
1 head	1 day care director
2 senior education officers	
7 education officers in decentralized regions	5 program officers
48 teacher trainers	———
17 trained resource center operators	———
1 parent education coordinator within guidance and counseling division	———

SOURCES OF DATA FOR EXAMINING THE STATUS OF PREPRIMARY PROVISIONS

Having provided an overview of preprimary educational arrangements and care in Jamaica, this chapter proceeds to report on findings regarding the two major categories of the child care system—day care and preschool. The author, as principal investigator for the 1993 Evaluation of the National Day Care Program and for the 1995 Evaluation of the Early Childhood Program (preschool system), has brought several general deficiencies of the system of early childhood education in Jamaica to greater notice. Because, at the time of writing, the data from the latter study have not been fully analyzed, this chapter will focus on the findings concerning day care provisions in Jamaica. Beyond examining the specifics of day care practice, this study points to systemwide changes for rationalization and integration of child care needs from birth to 6 years of age. The study has also provided important insights into the nature of parent roles and expectations in their children's care and education—information that has clear implications for improved delivery of services.

The National Day Care Evaluation Study examined the quality of group care that is utilized by a relatively small percentage of children in the 0-to-6-year-old age category. As is seen in Table 1, far more comprehensive in coverage are the basic schools, in which approximately 80% of 4- and 5-year-olds are enrolled. It is therefore important to provide comparative data on the quality of basic schools. Since the 1995 preschool study is still in progress, this will be attempted by incorporating findings from a study of basic schools conducted by the Ministry of Education in 1984. Although the responses in that study were impressionistic and the visits brief, important information was documented about general teaching styles, classroom management and organization, resources for learning, and how they were used. The data, where relevant, will be briefly discussed in relation to the findings from the day care study.

In January 1993, UNICEF funded the National Day Care Evaluation Study through the Child Support Unit of the Ministry of Local Government, Youth and Sports. The research project was administered by the Caribbean Child Development Centre and was completed in December 1993. The study involved an intensive evaluation of 58 day care centers of varying types and sizes across Jamaica. The five staff members from the Day Care Unit, the Unit's director and past director, two Centre Operators, and nine Children's Officers from the Children's Services Division were trained and assisted in data collection. Besides being responsible for ranking centers on a large number of items and making observational notes, the field evaluators were required to administer three questionnaires: Operator Assessment of Staff, Staff Assessment of Operator, and Parent Assessment of the Center. Operators and caregivers were also interviewed, using structured interview guides. Document analysis and interviews with key persons in the field of early childhood education provided additional information about the status and shortcomings of early childhood needs at the system level.

The sample for the study included 100% of the government centers, approximately 25% of the home nurseries, and approximately 35% of the private centers. These percentages are based on centers known to exist, while it is acknowledged that the actual number of private and home centers is probably much greater.

Preamble for Discussion on Findings

Any evaluation of the quality of experience of preschool children must make explicit the evaluator's beliefs about child development and optimal ways of influencing them. These beliefs provide standards for judging home and school learning environments for children. They also define the criteria for evaluating the caregiver's role and assessing the early childhood curriculum with respect to its process and content. The basic understanding about child development will be highlighted to underscore the positive, as well as describing the numerous missed opportunities Jamaican children appear to experience at this most vulnerable and impressionable stage of their lives.

Positive Findings

Overall, centers received very high ratings from evaluators, center operators, and parents for the level of assistance and general supervision of children. The necessary feeding, bathing, changing, and grooming of children were observed to be performed admirably well despite high child/adult ratios in a number of the centers. Attention to hygiene, safety, and nutrition was also generally high. These findings are similar to those of the Basic School Study, which describes classrooms as being "clean and tidy", reflecting the teachers' positive attitude to the well-being of the children entrusted to them (Springer, 1984, p. 11).

One of the most positive findings of the day care study is the favorable nature of staff-child and interstaff relations. Both the evaluators and the operators consistently rated this area as one of the strongest areas of staff performance. Interestingly, home-based centers received a significantly greater proportion of high ratings in this area, providing one convincing argument for continued support of these programs. In support of these findings, evaluations by parents from all center types also showed very high ratings for staff-child relations. Impressions from the Basic School Study are similar to the findings from the day care research. The former study states that, "For the most part, despite the conditions in which they operate, Basic School teachers remain positive and caring towards their charges" (Springer, 1984, p. 9).

These findings are reassuring, particularly because of all the areas of staff performance evaluated, "friendliness and warmth" and "genuine care" for children are perhaps the least easy to influence through intervention. Regardless of the particular shortcomings of the centers/schools themselves, it can be said with confidence that in the majority of cases, day care programs are providing secure, safe, and warm environments for children.

The significance of this cannot be underestimated. The ability to share respectful and trusting relationships with adults is central not only to children's preparedness for school, but also to general healthy social adjustment. In the Jamaican situation, a good relationship between young children and their teachers is particularly significant. Investigations in low-income homes have shown that interactions between adults and children are limited and that emotional support from parents is often lacking. As Leo-Rhynie (1993) argues, displays of affection are rare, and children are often subject to negative feedback. McGregor (1992) also documented that the aggressive child rearing practices characteristic of many Jamaican parents result in aggression evident in very young children. Viewed against this background, the fact that day care centers on the whole, and home-based centers in particular, rank highly with respect to caring, affection, and warmth takes on greater meaning. These centers can be seen as providing an important source of emotional security for children in their formative years.

Poor Balance between Custodial and Developmental Care

Unfortunately, the positive data on physical care, hygiene, safety, nutrition, and staff-child relations stand in stark contrast to that describing the status of the developmental aspects of programs. The admirable levels of custodial care in day care centers is seldom balanced with a strong developmental program. More than one third of the centers were rated by evaluators as low with regard to the balance between custodial care and developmental activities. In some centers, evaluators reported a total lack of any type of organized child stimulation.

In designing the instrument for the day care evaluation, the interpretation of aims for a center was considered to have important implications for the quality of a program. Child care demands an enormous amount of custodial attention, which can often detract from focus on the developmental aspects of the program. If operators do not establish priorities to support the planning, implementation, guidance, and supervision of the developmental aspects of the program, it is unlikely that they will have much impact on the quality of stimulation for children.

Interview data on operator's aims for the centers reveal that operators in home-based and government centers most frequently consider aims related to providing "a warm secure atmosphere" or "helping working mothers by keeping children healthy and safe." Operators in private centers, on the other hand, where stimulation is more often on the agenda, more frequently consider aims related to providing "a stimulating environment for all-round development." Jamaica demonstrates a limited view of day care. Regardless of the differences in espoused aims, practices across all center types leave much to be desired.

In Operators' Assessments of Staff, the item "Preparation for Stimulation" received very low ratings. Actual implementation of activities, including motor, musical, story and language, art, crafts, and science-type activities also received very low ratings. These findings become more ominous when combined with data received from staff. Staff assessments of operators, along with staff interview data, demonstrate that there is a lack of structural support in a majority of centers both for preparation for stimulation and for stimulation itself. Operators give minimal help in guidance and ideas for learning activities. Centers are without early childhood curricula to help guide staff, and in-service training that could fill the void is seldom provided. The lack of differentiation of staff roles and grouping of children also circumvents proper focus on this aspect of the program.

Absence of Materials and Concrete Experiences for Children

Similar to the level of attention focused on stimulation, the quality and sufficiency of play/learning materials/equipment is a good indicator of the status of a center's developmental program. In the Day Care Study, over one half of evaluators' ratings in this area were low. "Materials for Use With Children" was also ranked by operators as the top-priority need (38% of home-based centers, 27% of government centers, and 18% of private centers rated this as the greatest need). Outdoor play equipment was more often the exception than the rule. The Basic School Study also noted that hands-on activities were minimal. There were very few attempts to provide even rudimentary equipment for outdoor play, and little understanding seemed to prevail about how to use the outdoor environment as a resource for learning. In most cases there were only stereotyped tokens of the importance of spontaneous child-material interaction. The evaluation team described classrooms as having "rather nominal sand trays, nature corners strategically out of the child's reach, and neat and underused block corners" (Springer, 1984, p. 9).

At the early childhood level, the lack or insufficiency of play/learning materials, equipment, and experiences cannot be dismissed as an unavoidable result of lack of time or resources. More than at any other time, children at this stage require materials and hands-on activities to learn. One of Piaget's unique contributions to early childhood education is his understanding of intelligence as actions with a complete continuity between action and thought. Piaget demonstrated that development of understanding is rooted in babies' sensory motor actions and is built as these actions are internally coordinated (Furth, 1970). It follows, then, that the younger a child is, the more he or she will learn through interaction, through direct rather than indirect experience and concrete rather than abstract experiences. This is why play has been established as having central importance in a young child's life (Roger & Sawyers, 1990). Through interaction with a rich variety of materials, children begin to understand concepts such as cause and effect and are provided with opportunities for refining their fine motor skills, gaining familiarity with spatial relationships, and formulating a general understanding about the world around them. In light of what we know about the importance of play and connectedness of sensory motor and cognitive development, we cannot speak about quality early childhood programs in Jamaica with the presiding dearth of concrete play/learning materials in group care settings.

Overemphasis on Specific Rather Than General Learning

Specific content of early childhood education is not as essential to learning as is the understanding of the principles and relationships that may exist among objects and experiences. Jamaican schools and centers, however, appear to make minimal attempts to foster children's critical thinking. In the Day Care Study, ratings by evaluators for this area were actually lowest among all categories assessed. This finding is not surprising when it is seen in juxtaposition to data from group staff interviews. During these interviews, information was solicited as to the four behaviors or attitudes caregivers felt were the most important to develop in young children. In a significant majority of centers, staff mentioned mostly behavioral characteristics (such as manners, obedience, honesty, hygiene) and social characteristics (such as love, sharing, caring). Staff in a few centers mentioned cognitive tasks such as recognizing objects, shapes, colors, numbers, and letters of the alphabet. There were only 2 centers of the 58 in which staff mentioned "helping children to think for themselves" or "to become independent learners" as being one of the four most important things to impart to children.

How has the limited view of caregivers concerning the purposes of early childhood education affected the quality of programs? According to observational data from the day care study, stimulation activities when present were most often highly teacher directed. Stimulation "sessions" were generally overly "academic," with several centers relying heavily on Grade 1 or Basic School Curriculum materials. Two-year-olds were frequently drilled to recognize numbers and letters. Within the older groups (3- to 4-year-olds), particularly in private centers, there were instances of overreliance on photocopied worksheets. These findings concerning the content of the developmental aspects of the program are similar to those observed in the Basic School Study. The assessment team found that "many teachers are promoting pedagogical positions inappropriate to what are in essence preschool institutions and are placing far too much emphasis on rote learning as well as on the acquisition skills 'required' by the Primary Schools" (Springer, 1984, p. 8).

Early childhood specialist Lilian Katz (1992) has documented how a narrow focus on skills as the end-product of education can undermine the disposition to use the skills. She notes that early drills in reading, for example, while potentially helping to develop children's reading skills, may actually suppress their desire to read. In addition to negatively affecting the disposition to learn, specific learning exercises have been shown to be of minimal use to young children. According to Piaget, intelligence does not develop in an additive way (Piaget, 1947). The practical educational philosopher John Dewey supported this view when he suggested that an accumulation of specific knowledge is not as important as a general understanding of the content matter. Dewey felt that too much time, particularly in the first 3 years of life, was spent on the form, not the substance, of learning. He believed that there was not much "nutrient" for young children in mastering knowledge such as the symbols of reading, writing, and arithmetic. Collectively, early childhood experts have demonstrated clearly that though the mastery of symbols is necessary, this does not represent a relative increase in a child's intellectual development. Because the early years have such a powerful impact on later life and learning, a central goal of any early childhood program should be the development of children's internal thinking processes. This is an extremely important basic understanding, which Jamaican caregivers often seem to lack.

Lack of Opportunities to Develop Spirit of Inquiry or Self-Expression

Besides the development of thinking, perhaps the most important functional goal of early childhood education is the shaping of a child's affective development. In addition to the obvious importance of learning how to function effectively alongside others, other dimensions of socioemotional development are crucial for a child's development. There is, for example, an enormous contribution to cognitive development from factors that, on the surface, are anything but cognitive. These include curiosity, self-esteem, confidence, and the capacity to control or manipulate one's environment. The importance of developing children's creativity, curiosity, and eagerness to explore and experiment is logical. The more curious a child is, the more he will explore, the more knowledge he will gain, the more advanced and systematic his further explorations will be. Adults have an important part to play in developing children's curiosity particularly by modeling appropriate social behaviors (Tishman, 1994). Caregivers who themselves are curious and questioning, and who value curious and creative behavior, will encourage these characteristics in children under their care.

Data from the Day Care Evaluation Study show that opportunities for exploration, freedom, and self-expression for children are lacking in a significant number of centers. Under this category, over one half of evaluators' ratings were low. On the whole, varied activities are not available throughout the day for children to select those of interest to them. Staff interviews showed that children are very rarely involved in deciding or helping to choose what activities, projects, or topics they will work on. Observational data show that the approach to art is often an example of how creativity is stifled. The Basic School Study documents similar findings as those of the Day Care Study. The assessment team found that "there were very few exceptions where there was a stimulation of inquiry, discovery, imagination and creativity" (Springer, 1994, p. 10).

Minimal Attention to Individual and Cultural Relevance and Reinforcement

The multidimensional nature of early development and learning calls for integration and partnerships between agencies in health, education, and social services that involve the sharing and exchange of human, financial, and information resources. Though the uncharted waters may seem intimidating and the proposed interventions in Jamaica beyond our current means, we cannot escape the evidence that such immediate investments are our primary hope for circumventing deficiencies and maladaptions in children that will require heavier future costs of remediation and rehabilitation.

As young children begin to develop their first sense of selfhood, there should be careful attention to helping them view the world from their own perspective. Helping children to grow with a positive self-concept and strong self-esteem should be a primary aim of preschool education. With these qualities, children will grow with the emotional security and confidence they will need to face life's stumbling blocks and challenges. In the Day Care Evaluation it was found that attempts to link children's home and center experiences were uncommon. There was also little evidence in the centers of attempts to portray positive images of persons resembling the children or other efforts to make them proud of their race/color/culture. Most of the decor and pictures in centers were cartoon characters, characters from *Sesame Street* and the like. There were also surprisingly few examples of children's products (art/craft/project work) being displayed on shelves and walls.

Clearly, many of the opportunities for developing positive attitudes and approaches to learning and life are being missed for children in Jamaican group care settings. Furth (1970) has made the point that our potential to discover and create can atrophy from lack of use, just as muscles can. It is also possible that without experiences to influence attitudes toward their race and culture positively, children will not develop strong self-identities or self-esteem. In the Jamaican context there is such a high level of cultural penetration via foreign media that early childhood educators must be concerned to counteract some of the negative or Eurocentric images.

Jamaican children in group care need to be provided more opportunities to act on their own initiative and to develop their creative capacities. Such objectives are likely to give more educational mileage than any of the specific cognitive objectives of an early childhood program. If children are excited, curious, creative, confident, and self-determining, they will more than likely become effective learners and performers in school and beyond.

Low Levels of Verbal Interaction and Lack of Quality

The nature of verbal interaction between caregivers and children is yet another area of concern with regard to early childhood practice in Jamaica. It has been demonstrated by language specialists (e.g., Blake & Bloom, 1992) that besides the function of communication, there is an important cognitive dimension of language. Children have been observed to use their language for gaining access to knowledge they already have, in order to gain new knowledge. If language development is so integral to cognition and learning, what implication does it have for the quality of early childhood education in Jamaica?

The Day Care Study has demonstrated that in most cases staff members in centers tend to dominate discussions, and children are not encouraged to express or discuss their personal experiences, ideas, feelings, or thoughts. Over one half of the ratings with respect to child-initiated interaction with caregivers were in the low category.

Besides investigating the proportion of child-initiated interactions, the evaluation examined the nature of questioning used by the caregiver. Almost two thirds of the ratings on the nature of staff questioning were rated low. The majority of questions asked of children required them to state facts about topics being discussed. There were very few instances where staff encouraged children to give reasons or draw conclusions through questioning and feedback. In many cases, when children's responses were incorrect, caregivers fielded the question to another child or provided the right answer rather than probing the children's statements to explore the reasons for the incorrect response. In a discussion on early education approaches, Blank (1972) emphasized that children's "wrong" notions should be considered intermediary stages that are necessary for the ultimate construction of adult concepts. Any attempt to cue out the "wrong" notions is likely to result in hindering later learning, because when earlier concepts are not firmly understood from the child's perspective, they will not support the understanding of higher-order concepts. Caregivers in Jamaican day care seem largely unaware of how to use children's "wrong" answers either to understand their thinking or to steer them toward greater understanding.

It is clear that trends of low verbal interaction and quality in day care settings have changed little over the years. In an early study of verbal exchange between caregivers and young children in Jamaican "group" and "family" day care centers (McGregor & Desai, 1975), similar results to those outlined earlier were found. In both types of centers, staff-child verbal interaction was almost negligible. Conversations, particularly in group centers, did not last more than one remark, and "controlling talk" characterized the majority of interactions. Findings from the 1984 Basic School Study also point to the absence of opportunities for reflection, thought, and language development: "The Basic School classroom is still heavily teacher dominated, For the most part the atmosphere in the class is too formal and restrictive, with the teacher 'performing' too heavily and thus in many ways suppressing the children's self expression" (Springer, 1984, p. 9).

These findings have particular significance for children from low-income homes. Children from poor backgrounds in Jamaica are generally excluded from adult discussions and reprimanded for talking too much or asking too many questions. In many homes, language toward children is often restricted to expressions of anger or disappointment (Leo-Rhynie, 1993). Caregivers in Jamaican day care, like many parents, remain unaware of the potential of language as a tool for developing thought and expression. Limited encouragement for verbal expression by children again represents a missed opportunity for influencing children's learning and development, one that must be given serious attention via teacher training and public education.

Lack of Attention to Individual and Developmental Needs

In Jamaica where child-staff ratios are generally high, individual programming in education may be seen as a lofty goal. However, it is difficult at the early childhood level to consider quality without a consideration of individual and developmental appropriateness. During the years of early childhood, development is rapid and highly episodic. As a result, there is a great deal of individual variability in children's rates and styles of development and of learning. Research has shown that development proceeds in predictable steps with learning occurring in recognized sequences (Hunt, 1961). For activities truly to enhance learning, they must build on the past experience and skills of the individual. Because of the inevitable progression of development, it can be detrimental to present children with tasks that are too complex for their stage of development. According to Hunt's theory, there must be just the right amount of discrepancy between the developing cognitive schemas and the problem presented. He makes the important point that "the final arbiter of curriculum design must be the individual child's developmental status, not a demand or behavioral objective integral to a content or instructional domain" (p. 72).

The Day Care Study shows that in numerous instances staff are unaware of the developmental level of the children and the types of prerequisite skills necessary for the introduction of more complex ones. With respect to the developmental appropriateness of activities and questions, almost one half of evaluators' ratings were low. The findings from operators' assessments of staff also reveal the "Planning for Individual Children" and "Monitoring of Child Progress" are significant weaknesses of staff.

While examining individual and developmental appropriateness in day care centers, particular attention was paid to the provision of care for children under 2 years of age. Although there was considerable variation regarding the provision of care for babies, as much as 29% of the centers were rated low on this item. Although in most cases babies' needs for food and changing were met, they were too frequently left in cribs for large portions of the day. Their caregivers seldom played with, held, spoke to, or sang to them. In the majority of cases, stimulation in Jamaican day care centers, where it exists at all, appears to begin with children who are able to walk and talk.

Besides the collective shortcomings of staff with respect to an awareness and understanding of developmental appropriateness, the centers have few systems in place to support the regular monitoring of child progress with resulting attention to individual needs. According to center profiles, over two thirds of the centers do not have a system for documenting the progress of children. The handful of centers attempting this practice are predominantly private centers.

The Status of Teacher/Caregiver Preparation

The operating principles and beliefs prevailing in early childhood care and education settings can be detected from the way staff members interact with children and how they attempt to teach them. Too often practices seem to be dictated by caregivers' own experiences of education rather than by an informed theory for practice. This is not surprising against the background of statistics on training levels. The day care study found that 31% of center operators have had no training for their post. Worse than this, approximately 50% of basic caregivers have had no formal training in early childhood education. Of those having had formal training, as many as 28% have only been exposed to one- or two-week courses. Only a minority of caregivers in Jamaica, then, have benefited from comprehensive training in preparation for their work in early childhood education.

To summarize: Stimulation activities in Jamaican day care begin too late, or not at all. Where there are efforts to stimulate children, too much emphasis is placed on cognitive areas with too little encouragement of the expression of creative, affective, and social skills. In general, cognitive tasks are rarely embedded in daily activities; children are taught rather than being allowed to construct knowledge, and symbols are introduced too early.

Parental Influences (or their Lack) on the Developmental Program

Inasmuch as operators and teachers/caregivers have a direct influence on early childhood practice, parents have an indirect but very significant influence on the quality of programs. In Jamaica two significant realities are apparent regarding parental influence over the developmental aspects of the programs in day care centers. The first is that many parents do not know what to expect or demand from a day care center. There were numerous responses by parents in the Comments Section of their questionnaires that the center was "Excellent" because of the guaranteed safety and care of their children. Of significance is that these comments were made by parents in some of the very centers that received low ratings for developmental aspects of the program.

The second finding emerging from the data is that where parents are aware or concerned about the developmental aspects of the program, expectations or demands are often inappropriate and misinformed. When asked to give examples of opportunities for stimulation/learning through science-related activities (e.g., sand and water play) and field trips, several operators described a high level of resistance from parents. When asked what gave them the most concern/frustration, several of the more highly-trained operators alluded to the fact that parental expectations had caused them to "deviate from their training." Attempts to include exploration and sensory activities were often thwarted by parents demanding evidence of school-related learning. From interview data and from Center Profile data, it is clear that parental expectations for the education of young children are often misguided. Too many parents believe that for children, education and play are contradictory. A significant number of children are moved from day care centers at age 3 to other settings. Of all centers reporting children's departure from as early as 3 years, the reason most frequently given (62%) was that parents wanted an early educational start for their child. The Basic School Study, like the Day Care Study, suggests that parents in Jamaica often defeat the purposes of early childhood education. In describing the overemphasis on rote and school-type learning, the report states, "In fairness, it has to be admitted that in so doing, teachers are often responding to the wishes of many parents." Earlier it was demonstrated that the quality of the developmental aspects of schools and centers is greatly affected by the level of operator vision and guidance, as well as staff understanding or appropriate early childhood education. The data concerning parents show that quality is also significantly affected by parental influences, or lack of influence, as the case may be.

Evidence of Poor Relations Between Staff and Parents

At the early childhood level, there is more need than perhaps at any other level for teachers/caregivers to establish and maintain good relations with parents. Children at this time are making their first tenuous steps out of their home surroundings and away from the familiar security of their homes. In Jamaica, however, strong relationships between center staff and parents appear to be generally lacking. Only approximately one half of the entire staff evaluated by operators was found to have good relationships with parents. Parents themselves painted a very dismal picture of staff-parent relations and parent involvement. Parent evaluations show that staff relations with parents is perceived as one of the weakest features of centers, with "parent participation" being ranked by parents as the lowest performance area of centers.

Whether attributable to negligence on the part of parents, the center, or both, there is evidently much room for improvement in the area of parent involvement, communication, and education. Information given to and solicited from parents of children entering day care seems to be minimal. While close to two thirds of the parents reported that they had an individual meeting with the center operator, the data imply that these one-to-one meetings are often not used as opportunities to gain potentially useful information about either parent or the child. Approximately one third of the parents claimed that during their child's attendance at the center they had "hardly ever or never" discussed the child's progress with staff or operator.

Too often parental dialogue with staff in day care centers is conflict oriented, and participation is limited and even avoided. Parents are frequently viewed as tending to interfere with the staff, failing to adhere to requests, or being ignorant of proper early childhood techniques. Because of the ongoing turnover of parents and the energy required to coordinate their numbers, parents are commonly seen as "more trouble than they are worth." The fact that a child responds better and gains more in an institution that fosters positive parental attitudes and welcomes parents' input, however, suggests that greater efforts must be made to acknowledge parents as contributors to the early education process rather than as outsiders or "problems" to be handled.

The areas covered in this chapter thus far have focused in some detail on interpersonal relations, balance between custodial and developmental care, quality and sufficiency of play/learning equipment, nature of stimulation, levels of freedom and self-expression, levels of verbal interaction and quality, attention to individual and developmental needs, and the nature of parental influences on, involvement in, and communication with schools/centers. Though the Day Care Evaluation documented existing practices in numerous other areas, it is beyond the scope of this chapter to explore these further.

RELEVANT ISSUES FOR FUTURE RESEARCH

Now that these baseline data on day care exist, it is important that research goes beyond a mere reporting on the general status of child care. For those supporting or participating in research activities in family-child socialization or early childhood education in Jamaica, a few areas are suggested that will yield important information:

1. An impact evaluation of various preschool experiences by assessing primary school performance of children from government, home-based, private day care centers, basic schools, infant schools, kindergarten departments, and of children with no preschool experience.
2. An investigation into parents' perspectives of childhood, understanding of parenting roles, and how these affect parenting styles and child performance.
3. An evaluation of the effects on children of multiple caregivers, parental migration, and irregular/inadequate parental attention.
4. An experimental investigation into the effects on children's self-image and language development in cases where Jamaican patois is encouraged and used alongside Standard English in the caregiving/school setting.
5. An investigation of the effects of the various forms of media on children's development.
6. An identification of cultural factors that are supportive of child growth and development.

RECOMMENDATIONS FOR IMPROVEMENT OF EARLY CHILDHOOD EDUCATION AND CARE

To translate some of the needs identified in this chapter into possible strategies for redress, I outline two related sets of recommendations. The first addresses concerns at the program level, while the second considers broader infrastructure requirements. At the individual center level, there is much room for improvement that could collectively affect the quality of early childhood care in Jamaica. The initiation and sustenance of many of these improvements, however, is largely dependent on more integral developments required at the macro level.

Program Level Recommendations

Improvement of Working Conditions for Staff. One cannot separate a discussion on improving the quality of day care from a need to address the job status of caregivers and the environment of the day care as a workplace for these individuals. Staff satisfaction and well-being can have a significant influence on the quality of staff performance and relationships with children. Staff interviews reveal that poor remuneration is one of the greatest problems for day care workers. Salaries of day care workers are commensurate with or in many cases less than the wages of domestic help. There are few instances of centers that provide job benefits such as traveling or uniform allowance and vacation leave, or basic provisions such as a rest area or guaranteed lunchtime. On average, day care staff members work far more than 8 hours a day in a job requiring teaching, cooking, cleaning, and bathing. It is not surprising that as much as one quarter of centers reported very high or high staff turnover (most staff members stay less than 1 or 2 years). In addition, 28% of centers reported that the majority of the departing staff change occupation.

Day care centers must devise strategies to address the needs of the adults who attend to children. Allowing children of staff members to attend centers free of charge, organizing rotating work and lunch shifts, hiring substitutes to allow staff more vacation time, initiating performance-related pay packages, providing protective clothing, and creating areas for staff to rest are some of the ways centers can begin to improve working conditions and incentives for staff.

Technical and Personnel Supports for Staff. Findings from the Day Care Study highlight the need for changes in the organizational structure of center programs. There is a need for differentiation of staff roles, division of labor, and provision of time for staff planning and support. Changes such as hiring specific staff to be responsible for the more custodial activities while fewer more qualified staff focus on the developmental aspects of the program is one possibility. Realignment of funds from such reorganization in staffing could help to support the creation of a special post of teacher supervisor/curriculum supervisor. In some cases this person could be the center operator, although this would depend on the adequacy of prior training and ability to hire clerical help to handle the majority of administrative demands.

The teacher/curriculum supervisor could act as a type of diagnostician who could help guide teachers to sharpen their observations of children's behavior, help them take into account the abilities and learning rates of each child, and help plan for individual children and monitor their progress using records. Caregivers can benefit greatly from opportunities to discuss their efforts to facilitate learning. As envisioned, the role of the teacher/curriculum supervisor would include the structuring of daily/weekly periods for collective focus on planning and preparation for stimulation. Without such provisions for teacher support, it is unlikely that activities in day care will ever be data based, child based, or plan based.

Provisions of Learning Materials. The importance of availability of play/learning materials in early childhood settings has been substantiated earlier in this chapter. Day care centers in Jamaica, however, cannot hope to remain equipped with the level and type of learning materials available to centers in first world countries. Even operators in some of the better-off private centers complain of the difficulty in buying (importing) and continually replacing materials that are either consumed, lost, or worn out over time.

Although many materials for stimulation can be made or collected, there is always the issue of availability of material so that it may be shared within groups of children with enough for each child. If centers are to provide a sufficient amount and variety of learning materials without buying these, the staff will have to be guided and trained in the construction of curriculum aids, and time will have to be allotted in the day/week to make these. Homemade materials deteriorate quicker than commercially-acquired ones, so that the making of stimulation materials will have to be seen as an ongoing activity. A successful and regular materials-making workshop will have to be accompanied with a source of basic materials such as cutting instruments and materials for assembly and decoration. Judging from the responses collected in staff interviews, it is unwise to expect caregivers to be responsible for the collection and preparation of all needed items on an individual basis. The making of learning materials in centers should be a planned for and supported group activity, with provision made for storing and sharing materials between groups. Parent workshops might also be enlisted to help with these tasks.

Attention to Improving Communication, Involvement, and Education of Parents. A change in orientation to parents, like any change in attitudes and behavior, requires focused reflection. Day care staff will have to be guided to analyze factors that may contribute to a breakdown in communication between parents and staff and must be provided with opportunities to develop skills required to handle confrontations and cope with a variety of parental concerns and child rearing situations. When parents enroll children in a child care program, they should be clearly informed about the characteristics and expectations of the center such as the schedule, rules, meal provisions, and contributions or participation expected of parents. These expectations should be reasonable and sufficiently flexible to accommodate the different circumstances of parents. At the same time, parents should be asked to articulate what they expect of the center and to share information on the previous history and experiences of their child. The making explicit of expectations by both the center and the parents will reduce the risk of misunderstanding and will help the center ensure continuity between the children's home and group care experiences.

Centers must develop strategies for involving and educating parents. Besides other benefits, involvement helps parents to become aware of problems and concerns of the center and increases parents' feelings of "ownership" and investment in seeing the center progress. Inclusion and education of parents may help to avoid a waste of center efforts on children's behalf by parents who often do not know or understand the possible impact of their behavior on their children. Thus parents are a potential resource that centers cannot afford to overlook.

RECOMMENDATIONS FOR IMPROVEMENT OF EARLY CHILDHOOD PROVISIONS AT THE SYSTEM LEVEL

As indicated in the introduction of this chapter, the needs of day care in Jamaica cannot be addressed in isolation. The weaknesses in providing care for children 0 to 6 must be examined in totality with strategies that seek to make more efficient use of human and financial resources.

Development of a Policy for Children 0 to 6 Years

As has been discussed, the needs of the young child 0 to 6 in Jamaica are dealt with fragmentally among several ministries and even within ministries. The National Day Care Program has been transferred at least five different times across various ministries in its relatively short life span. To consolidate and rationalize efforts and resources targeted at young children and to ensure a continuity of experiences for children from birth to 6 years, firm policy guidelines must be developed to streamline all early childhood programming. Such a policy should be sufficiently broad to ensure that all dimensions of care, including health, nutrition, education, and family support are considered. Any policy framework for early childhood education should address the specific needs of children from low-income families. It is these families that contain higher numbers of children who are at risk environmentally, educationally, socially, and emotionally.

To support the integrated policy on a practical level, several revisions will need to be made to the current structure of the management of early childhood education. A model for program coordination and monitoring must be formulated so that one body is responsible for services for all children 0 to 6 years of age. It is suggested that this integrated unit would most logically fall under the Ministry of Education, with perhaps a new and more all-encompassing name such as Early Childhood Care and Education Department. The model should include specifications for the integration of the training of personnel, the curricula at different levels, the monitoring systems, and the functions of the current regional offices and resource centers of the Basic School System of the Ministry of Education and the Day Care Unit (most recently in the Ministry of Health).

Development of a National Child Care Curriculum

The paucity of training for early childhood education personnel throughout the day care system, the differential quality across center types, the high turnover rate of existing staff, and the lack of child development knowledge among many parents of young children call urgently for a standardized curriculum/program activities guide to be made available to the widest range of child care providers. The curriculum should detail developmentally appropriate routines, activities, and approaches for the 0 to 4 age group. Because a preschool curriculum exists for 4- and 5-year-olds, the new early-years curriculum should attempt to ensure consistency and continuity of principles and practices from younger ages into the preschool years. The preschool curriculum also should be reviewed for its alignment with the early years of the primary curriculum. The content of such a day care curriculum/activity guide should specifically address the systemwide tendency to neglect the developmental needs of the very young child and offer services beyond adequate custodial care. The curriculum should also include simple tools to be used by staff to monitor the progress of children on an individual basis with markers to help in the identification of children who appear to be at risk in specific developmental areas. To facilitate the widest application of the 0- to 4-year-old curriculum, the package should be flexibly designed for possible use in home visiting and parenting programs.

Development of a National Early Childhood Education Training Program

Although clear and explicit conceptual statements of a curriculum with specified materials and instructional activities are necessary for implementation of a program, caregivers will have to be rigorously trained to apply the techniques outlined. Based on the importance of incidental learning and of child-initiated and child-directed learning, a great part of teachers' roles will be their recognition of the teachable moments and their skillful intervention at the appropriate time. There can be no curriculum guide for this. The subtlety involved in extending the philosophy of the curriculum to the firmly embedded "hidden curriculum" underscores the need for ongoing training with supervision in practice and opportunities to observe the modeling of desired behaviors. One efficient and effective way to achieve this could be through the incorporation of videotapes in training sessions.

It is recommended that a standardized training program be developed by incorporating and rationalizing all existing training programs offered and standardizing basic core curricula for various levels of care providers including entry level persons, persons with previous child care training, operators/supervisors, and special needs personnel. The training program should be linked to a certification or accreditation system, to create the necessary incentives for potential applicants and to support the definition of roles and responsibilities at the center level. In addition to the provision of training opportunities, training grant funds will have to be solicited and made available to those unable to afford the courses.

The current low levels of wages and conditions for day care personnel require additional thought in the development of goals for day care training. Without sufficient amelioration of pay levels and working conditions in day care centers, the energy and resources invested in early childhood will be wasted as staff members move on to more lucrative, more comfortable, and less demanding forms of employment. Any introduction of new requirements for the profession must be accompanied by established guidelines for pay levels, benefits, and working conditions for caregivers.

Development of Ongoing Monitoring Systems

One of the strongest impressions resulting from the evaluation of day care centers is that a strong regulatory and advisory presence is urgently needed. The authority of the Day Care Unit has remained informal over the years because of long-delayed legislative enactment that would equip it with a licensing function. It is also apparent that the standards drafted presently focus almost exclusively on physical specifications and will therefore require revisions. At present, few or no guidelines exist concerning personnel standards or developmentally appropriate standards for practice such as the nature of interaction or stimulation. While a licensing procedure is needed to provide the final authority to close facilities that may be potentially harmful to children, even more necessary overall is the continued attention of a regulatory body in assisting and encouraging the centers to perform to their optimum capacity. In keeping with the proposed comprehensive policy for all early childhood provisions, it is recommended that the monitoring of all day care centers, basic schools, and preprimary institutions be handled by an Early Childhood Care and Education Department within the Ministry of Education. Standardized monitoring instruments for use in all early childhood programs should be developed and a computer system introduced to establish and maintain a database on all existing programs.

As part of its monitoring tasks, the integrated Early Childhood Care and Education Unit may wish to consider developing profiles on individual children. Databases could be developed and maintained to include information on the health, home background, and developmental status of each child from the journey out of the womb to entry into primary school and beyond. Data on developmental levels of children in preschools could be summarized from the curriculum-based monitoring tools. The profiles could serve several purposes: They could provide important information for policy makers with respect to efforts at designing more responsive early childhood interventions; they could help to identify children "at risk" from an early age; and they could help provide day care centers and schools with important information that they could use in making their programs more relevant to children's individual and developmental needs.

Development of Parenting and Public Education Initiatives

Findings of the Day Care Study show that many parents do not know what quality indicators to demand or expect from child care programs. Many parents also do not fully understand what young children need for well-rounded development. Whether consciously or unwittingly, all members of a child's household play an important part in a child's learning and socialization. A child who is placed in group care still returns home to spend a good part of the remaining day with caregivers. What and how the child is taught and handled at home in these earliest years will largely decide how the child will function as an adult. Ongoing parenting and public education must be developed to foster parents' increased awareness of appropriate child rearing practices and knowledge to identify and negotiate for improved child care services. Particular emphasis should be placed on outlining strategies for encouraging appropriate expectations for cognitive functioning with less pressure for academic results.

Increased Support for Early Childhood Care in Low-Income Communities. Early childhood programs that provide more balanced attention to children's varied needs are generally the more costly services with more highly trained personnel. Low-income families where children are at greatest risk developmentally are those least able to afford quality day care. The poorest of families are often unable to send their children to any form of day care program regardless of quality. This reality points to the imperative for government to take on particular responsibility for ensuring quality services for those unable to pay for them. In some cases, this will mean increased allocations for home-based early childhood services in the way of grants, revolving loans, subsidies, and home improvements. In other cases, new services will have to be encouraged and supported. Needy areas would have to be identified through a mapping exercise and supported with financial and technical assistance.

Government provision of play/learning materials will also be necessary through innovative approaches such as the creation of toy production facilities. Perhaps prisoners could provide a captive workforce for making toys and equipment for preschools and centers.

To support home-based and community-based early childhood care and education, the government must also provide a cadre of outreach community workers whose responsibilities would include home visits to impart knowledge about child care and stimulation, general parenting skills, and community mobilization. This home-visiting/community education initiative should be linked to the Community Health Aides program of the Ministry of Health in order to serve collaboratively the integrated needs of families and communities.

CONCLUSION

The quality of care children receive before they enter their sixth year of life has been proven to determine their potential for future development and functioning, more significantly than at any other stage. The early childhood years represent a once-in-a-lifetime opportunity to prepare our citizens for who they can and will be. But how do we define care? Care includes much more than keeping children clean, safe, and well fed. At a time when multilateral agencies are looking beyond rates of child survival to consider the quality of children's lives, when professional thinking and practice are shifting from medical to social science models of health, from a focus on treatment to prevention of disease and promotion of health, and from an individualistic perspective to a family-community perspective, we in the field of early childhood education must widen our horizons. In the face of rapidly escalating needs for child care, current overall standards and supports for early childhood in Jamaica have actually regressed over the years, despite isolated advances. Just as individual programs must look to broadening their mission to include developmental aims, the system of early childhood education and care must aspire beyond existing realities.

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Chapter 7

Raising Children With Disabilities in the Caribbean

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The Lord said unto Moses "Say to Aaron: for the generations to come none of your descendants who has a defect may come near to offer the food of his God. No man who has any defect may come near; no man with a crippled foot or hand, or who is hunchbacked or dwarfed, or who has any eye defect, or who has festering or running sores or damaged testicles." (Lev 21:16–23).

In light of the above, it would be surprising if in a Bible-reading, largely Christian area of the world, some negative effects on socialization of the child with a disability were not found.

GEOGRAPHIC SCOPE

This chapter is written from the perspective of a native of the United Kingdom who transferred to Jamaica in 1960. After spending 14 years in the academic pathology and social and preventive medicine departments at the University of the West Indies, I left in 1975 to start an early intervention program for children with disabilities, and to train persons in the Caribbean in the mental retardation field. The early intervention work evolved to the development of parent groups in 1983–84 and into community-based rehabilitation (CBR) in 1985 in the parish of St. Catherine. Subsequently, this approach to rural service delivery for people with disabilities has been extended into four more parishes (there are 14 parishes in Jamaica). At the same time, similar models have been established in other Caribbean territories (Barbados, Trinidad, Belize, Grenada and Antigua) (Thorburn, 1986, 1990a), and the CBR approach seems to be here to stay.

The geographic scope of the work to be described here includes a significant area of Jamaica and several Caribbean countries, though all the research has been conducted in Jamaica. The context of this work is the development of low-cost early intervention and community-based rehabilitation programs.

COMMUNITY-BASED REHABILITATION

For those unfamiliar with the disability field, community-based rehabilitation (CBR) needs to be explained. First of all, CBR has been around for only 15 years; the definitions and scope have changed somewhat during this time and are still being disputed (CBR News, 1993).

CBR arose out of the recognition that traditional approaches to services for people with disabilities could not and would not work in developing countries (King & Morley, 1976; Thorburn, 1973). The segregated, centralized model of high technology, institutions, and teams of highly specialized professionals is neither appropriate nor affordable in the third world that lacks professionals in every sphere of human service. What was needed was an approach that capitalized on the resources of caring in the community, with a demystified technology that could be taught to and carried out by the family and immediate community.

The concept of CBR is very similar to primary health care (PHC) and has been promoted very actively by the World Health Organization without too much research having been devoted, until recently, to evaluation of effectiveness. It is still in the experimental stage. Very recently, E. Helander, one of the foremost promoters and articulators of CBR and coauthor of the WHO manuals on CBR, "Training the Disabled in the Community," restated the definition, running to half a printed page (CBR News, 1993). These are a few of his salient points:

> CBR is a strategy for improving service delivery, for providing more equitable opportunities and promoting and protecting the human rights of disabled people.
>
> It calls for the full and coordinated involvement of all levels of society, community, intermediate and national.
>
> At the community level, CBR is seen as a component of an integrated community development program.
>
> The family of the disabled person is the most important resource. Its skill and knowledge should be promoted by adequate training and supervision, using a technology closely related to local experience.

The "definition" goes on to describe the various levels of intervention, professional responsibilities, government's role in the management of the system, and the responsibility of the community to support the basic needs of persons with disabilities.

What has been found, in reality, is that the "community" that is involved is usually the family, and the involved members of the family are usually women (Cooke & Lawton, 1984; O'Toole, 1988). This is especially the case in Caribbean societies, where most of the burden of care of dependent members falls on women who are also often the main breadwinners. In focusing on patterns of socialization in the Caribbean, this book will be very relevant to the childhood disability field, as it will give insights into the way attitudes and values of the society develop toward children and adults with disabilities.

Accordingly, this chapter will review previous and recent research which has examined some of the factors in the family that seem to create the many barriers faced by persons with disabilities and their families in achieving their rightful place in society. Because the chapter is written by a person with a medical background, the approach may reflect the biases of the health field. However, the author does not subscribe to the medical model of disability, which in the past has been so detrimental to the development of the disabled child because it has focused on disability as a disease or disease entities requiring medical classification and treatment that may encourage dependency; it has largely neglected the social, educational, and developmental needs, and their human rights to equality of opportunity and access to services.

CLINICAL SIGNIFICANCE

What is the clinical significance of childhood disability, and what are the service needs in relation to the family and socialization patterns? Does childhood disability affect socialization of other family members, and is the disabled child subjected to the same patterns of socialization as the nondisabled child? I will attempt to answer the last of these two questions later, based on our research, but for now will focus on the prevalence of childhood disability as a "clinical entity" in the Caribbean and on its significance in relation to other health or social problems.

Prevalence

Until relatively recently, epidemiological information was very scanty in the third world generally (Stein, 1981), largely due to lack of availability of appropriate methodology (Fryers, 1981). An attempt to rectify this was first made by the International Pilot Study on Severe Childhood Disability (Belmont, 1984), in which a screening instrument for detection of childhood disability was piloted and later validated in the International Epidemiological Study on Severe Childhood Disability (IESCD) in Bangladesh, Jamaica, and Pakistan (Durkin, et al., 1990; Thorburn, Desai, Paul et al., 1992, 115–127). This made possible the simultaneous gathering of prevalence data in the study.

In order to understand the prevalence and significance of childhood disability, basic definitions of what constitute a disability, criteria for type, and severity have to be accepted. This also was a challenge for the IESCD, as there were no agreed on definitions and criteria prior to the study. Those developed for the study have been published in several papers (Thorburn, Desai & Davidson, 1992); however, they have not yet been accepted internationally, nor has any other as yet.

In the developing world, children with mild disability, which is the largest group, are not usually perceived as being disabled. In those that are, the most common response on the Ten Questions screening instrument (TQ) for mild cognitive or intellectual disability was the child being "mentally backward, dull or slow" (Thorburn, Desai, Paul et al., 1992, 115–127) with 6% of cognitively disabled children not recognized as having a problem at all. At the moderate or severe levels of disability, however, 99% of children were recognized as having problems on the TQ, which also had a high degree of sensitivity for motor, visual, hearing, and speech disabilities and seizures. In spite of this, the large majority of families who have children with these problems, do not take any further action (Thorburn, Desai, & Paul, 1992). To some extent this is so because there are basically no services to help them at the local or parish level, and they would have to travel long distances with a strong risk of being disappointed.

Many children who would be identified as mentally retarded in the United States or Europe, because of poor school achievement and psychological testing, would be submerged in the large classes of Caribbean primary schools and never tested, and so would pass through school unidentified.

Service Needs

Prior to 1988, a study of the needs of 1,043 developmentally disabled children seen in a clinic set up for this group (Thorburn, 1979) indicated that the main needs were early stimulation and schooling, and 22% needing physical and speech therapy. Although this study has to be considered biased because it represents the needs of only those children perceived as having problems, it pointed out the inadequacies of the service provisions at the time and the main areas of need. In fact, the findings were quite similar to those of the next study.

In the IESCD we examined this aspect systematically (Thorburn, Desai, & Paul, 1992) and found that 16% of the population base of 5,461 2- to 9-year-old children surveyed needed psychological assessment and counseling. Of the 193 children who were found to have disabilities, the main needs were:

• Special education	62%
• Medical treatment (mainly for seizures)	6%
• Special assessment (e.g., hearing and vision)	20%
• Community-based rehabilitation	30%
• Glasses (this does not include the large numbers of nondisabled children who had refractive errors requiring spectacles)	21%

As mentioned above, only a small proportion of the children with disabilities had been identified before, and of these, only a small proportion, mainly those with seizures and motor disabilities, had received any attention. The burden of caring and coping can be said to be squarely left on the female member of the family. This burden, which will be quantified further in a subsequent section, is a significant one, but because much of it is not overt, it could be likened to the proverbial iceberg, four-fifths submerged below the surface.

EDUCATIONAL SIGNIFICANCE

Because 80% of childhood disability is mild, most of it is not detected until it is challenged by the school system. At present, there are no provisions for routine screening and identification of disability either at the preschool or primary school level. If the problem is not detected at home, it is left to the individual teacher to identify and cope with it. This usually happens when the child fails to learn. However, since a large proportion of children who fail to learn are probably not disabled, there is a lot of difficulty in sorting out the etiology of the problem. Again, since the provisions for psychological assessment are confined mainly to institutions in Kingston, with only a few clinics in rural parishes, the failing child does not get diagnosed or helped.

A study carried out by the Ministry of Education in 1979 (Ragbir, 1984) indicated that at least 8.27% of schoolchildren had disabilities, of which 5.4% had learning and behavior problems, while the IESCD indicated that at least 9 to 18% of school-aged children have disabilities that would affect their ability to learn (Paul, Desai, & Thorburn, 1992). The effect of the disability on their socialization can only be guessed at, but it seems likely that such children will either withdraw, act out, or drop out of school.

PREVIOUS RESEARCH: THE CARIBBEAN AND DEVELOPING COUNTRIES

Research on families in Western societies subject to stress (Dunst, Trivette, & Deal, 1988) but not necessarily due to childhood disabilities, suggests that stress expresses itself in various ways. The response to stressful life events by families is due, in part, to the type of helping model used by professionals. Of the four helping models (moral, medical, enlightenment, and compensatory) described by Brickman et al. (1982), the traditional model used in the Caribbean community is probably the moral model, in which responsibility for the cause of the problem and solving it lays with the affected individuals or their parents. In such cases, belief systems of supernatural causes would tend to make parents of the children with disabilities ashamed and guilty, resulting in the hiding away of the child. In the medical model, which is still common, the fault or cause of the disability was not blamed on the parents, and the responsibility for problem solving was with the helping professions. This approach to disability almost certainly results in a dependency on professionals. This may also be responsible for the frustrations some doctors display when they are confronted by an incurable problem, such as a disability, as in many cases they cannot offer adequate treatment.

By contrast, some programs have embraced the compensatory model, in which the parents were not responsible for the problem, but assume responsibility for empowerment and future action. Encouraging and fostering the parents' self-efficacy by supporting them in finding solutions is a very important part of intervention. Parents believe that they have control over their actions, and this will further improve their child's self-image.

Until recently there was virtually no body of research on the social aspects of children with disabilities in the Caribbean or in other parts of the third world. What existed was mainly confined to estimates of the size of the problem and speculations about how families coped. Developing countries tended to follow the same models for services, training, and research as those prevalent in the more developed world. In child development, and especially in early intervention, research was directed mainly at cognitive development (Marfo & Kysela, 1985; Zigler & Balla, 1982).

In the developing world, generally it has been assumed that the disabled child was cared for but was not expected to be a contributor to the family and, therefore, would be low on the priority list for food and education; and if there were local stigmas, the child would not even be exposed to society. Yet in some cultures, failure to honor ancestors or older relatives, heredity, punishment for crimes or magic are seen as causal factors for disability.

In 1981, the International Year of Disabled Persons highlighted the plight of children with disabilities. Rehabilitation International, in a study for UNICEF (1980), found that everywhere and at all levels, people were uninformed and misinformed about every aspect of disability. The sparse resources were allocated to high-cost, low-impact projects, ignoring the vast majority of those in need. The normal child development process was far more disrupted than it should have been by the disability, not because of the impairment but because of misinformation. Although health and education services were being extended, the disabled child was largely excluded. Poverty and disability were, and are, inextricably linked. The consequences of disability, depending on the type, would interfere very much with acquisition of social and self-help skills, as well as with other aspects of life. Together with negative attitudes, overprotection, and pity, this would lead to the disabled child being marginalized and at much greater risk of premature death.

In recent work, Miles and Miles (1993) noted that in Pakistan and India, the concepts of childhood and child rearing practices, which are quite different from Western concepts, affect the approach to children with disabilities, resulting in a more accepting attitude (with resignation) initially, but with no effort to remediate the situation. Later, as the child does not meet developmental expectations, he may receive quite brutal treatment, even by loving parents who believe that it is best to "beat the devil out of him."

Although information and project development have burgeoned quantitatively in the last 20 years, things have not changed very much regarding perceptions of and services for children with disabilities. We now know what to do, but the means for reaching the majority still escape us. If anything, the situation has probably worsened as the economic recessions hitting developed and developing countries have restricted assistance while prevalence is probably increasing.

In *Prejudice and Dignity,* a book designed to provide a background to the WHO manual on CBR (Helander, Mendis, Nelson, & Goerdt, 1989), there is ample evidence of the stigma toward and maladaption of disabled children in many developing countries. Much of the available information is anecdotal, as it has not been systematically studied. The following are some excerpts from Helander's book: "Disabled children are sometimes hidden"; "prevalence of some disabilities such as those due to polio are higher in boys, suggesting that there is a greater degree of neglect of girls"; "there is an excessive mortality rate in different disabilities that cannot be ascribed to the disability (e.g., in deaf persons)"; and "disabled children may have deformities not ascribable to their disability (presumed due to inflected trauma)." However:

> It is also true that we observe families that are positive and caring. This is to some degree caused by "selection": these are survivors, and they are to be found in families with a better than average economic situation.

One of the few published studies (Leavitt, 1992) on disabilities from the Caribbean region was carried out on 81 families in 1986–87 in St. Catherine, Jamaica, at 3D Projects, a CBR program run by this author. In this ethnographic account, disability was examined from three standpoints: the perceived stigma ascribed to disability, the health beliefs about causation, and the adaptation to the situation. The families studied almost all came from the poorest strata of the population and were all rural. The children were all moderately or severely disabled. Strong religious convictions that God would help them were expressed by 43% of the caregivers, 68% of whom were the mothers of the children. As far as causation was concerned, 60% believed in naturalistic causes (though these were not necessarily correct), 9% believed in supernatural causes, 18% were ambivalent, and 13% did not express any opinion. The majority of caregivers (almost 60%) reported or showed no evidence of stigma attached to the child; most of the rest said that they heard negative comments being made by others. There was some association between these different responses and socioeconomic status, the negative comments being associated with poorer status. This factor was also associated with whether the caregiver would consider long-term institutional placement, even though this was not an option. Two thirds of the children were taken out like other nondisabled members, but in those who were not, it was said to be because the child was too big or because he/she was "rude" (naughty).

In spite of the difficulties with their children with disabilities, 70% of the respondents in the study said they would not consider placing their child in an institution. This response was significantly associated with the presence of adult males in the household. Less than half felt that the child had not changed their lives. This was also associated with the presence of males in the house, the lack of negative comments by others, and very strong religious faith. These responses were not related to the type or severity of the disability.

The only gender difference found in the study was that the interval between identification of the problem and registration with 3D Projects was significantly greater for boys than for girls.

OUR RESEARCH

During the last 8 years, the author has been involved in a number of studies on disabled children and their families in Jamaica; they were designed to develop and test instruments for the identification, assessment of and the development of intervention for children with disabilities, and evaluation of various aspects of management and impact. During these studies, information about aspects of child rearing was sought, usually as an ancillary to the main investigation. In this section, some of the relevant findings are summarized.

Family Profiles

The main study (IESCD) was population based and carried out on the families of 5,461 children 2 to 9 years of age in Clarendon, between 1987 and 1989. For all households in the study (only those with children in the age group were studied) household and "mother-child" questionnaires were administered to the child's main caregiver. These provided basic information about the children with and without disabilities in the family. The following is a summary of some of the main features of the family structure.

About half of the heads of households claimed to have middle-class occupations (business, clerical, service, professional or skilled), 21% were unemployed, and the rest had low income occupations. Sixty percent owned their houses, 42% had electricity, 44% owned a TV, and 80% had a radio. The ownership figures appear somewhat out of keeping with the professed occupations. Further weight is added to this by the numbers of rooms in the houses: 55% had only one or two rooms, and only 19% had four or more rooms, and only 13% had water piped to their homes.

Altogether, overcrowding was a feature of the area, with 26% of the families living two to three persons to a room and 40% in homes with over three persons per room. ("Rooms" included living and bedrooms but not bathrooms or kitchen, as these were usually shared and outside.)

Twenty-three percent of children in the survey had no mother living with them. This rate is similar to that found by Desai, Standard, and Miall in 1970 and further confirmed in a later survey of ours (see below) in Spanish Town. Although more children with disabilities were not living with their mothers (28% as opposed to 25%)—15.5% of children with mothers present had disabilities, as opposed to 17.5% of those with absent mothers—the differences were not significant.

Effect of Disability on the Child and Skill Acquisition

Overall, there were differences both in frequency of disability-related symptoms and in prevalence of disability at various ages and between genders. Frequency of disability-related symptoms, particularly "mentally backward, dull or slow," increased with age and was more frequent in boys, while poor vision was more common in girls. The odds ratios were not significant (Thorburn, Desai, Paul et al., 1992a, 115–127) for sex but were for age (odds ratio over 2.2 children 6 years and over on questions for hearing, vision, and mental backwardness). These may reflect true differences in prevalence or simply increased awareness as the child grows older and faces school challenges.

For disabilities, again there was an increase in prevalence with age, which was mainly due to mild cognitive disability, increasing from 1.3% at age 2 years to 18% at 9 years and moderate and severe cognitive disability (mental retardation) increasing from 0.7% at 2 to 9.3% at 9 years (Paul et al., 1992). Because the frequency of disabilities in the population was fairly low, confidence intervals were wide, so results must be interpreted cautiously. Similarly, there was a significant difference in distribution of disability by gender ($x^2 = 9.995$, $p = 0.0016$) with 24% of males having disabilities as opposed to 16% of females; or 61% of children with disabilities identified being male; males comprise 50.5% of the total population.

The acquisition of normative developmental skills in children with and without disabilities has also been studied, using an "Activities of Daily Living Questionnaire" (Appendix 1). Table 1 shows the acquisition of normal milestones by children who had no disability-related problems. Because the sample was of 2- to 9-year old children, walking and moving milestones are not shown because they were already present in all of the children. The conclusions that can be drawn from these data are that all children have acquired basic language milestones by age 5, and self-help and social skills, including responsibility for daily household tasks, by age 6 years. Table 2 indicates that only 8% of children with impairments had not acquired these developmental milestones, while increasing

Table 7.1. Percentage of Typically Developing Children 2 to 6 Years who had Acquired Basic Skills

ADLQ item	Age in years: 2 n = 46 %	3 n = 46 %	4 n = 51 %	5 n = 33 %	6 n = 41 %
Feeds self	60	78	82	100	100
Washes self	4	22	49	82	100
Cleans teeth	2	15	47	85	100
Dresses	0	9	33	82	100
Uses latrine	2	9	33	82	100
Understands speech	0	9	33	82	100
Expresses needs	100	98	100	100	100
Speech is understood	98	96	98	100	100
Gets up from lying down	91	96	98	100	100
Moves arms	100	100	100	100	100
Moves legs	8	56	86	100	100
Moves around house	0	0	96	100	100
Plays like others	0	0	41	61	97
Goes to school	0	0	59	85	100

Note. Only developmental milestones are included in this table.

percentages of children with disabilities had increasing problems that correlated with the severity of the disability. Only 16% of severely disabled children did not have any problems in the above mentioned areas.

Table 7.2. Percentage of Children Having Delayed Milestone by Increasing Severity of Disability

Group of children	Number and percent of problems: None #	%	1 #	%	2–3 #	%	>3 #	%	total #
Typically developing	369	99	2	<1	0	0	0	0	371
Children with impairment	429	96	20	4	2	0	1	0	452
Impairment, no disability	215	91	15	6	5	2	2	0	237
Mild disability	97	81	12	10	9	7	3	2	121
Moderate disability	31	50	7	14	5	10	7	14	50
Severe	4	16	5	20	6	24	10	40	25

Note. The delayed milestones were determined by community workers, the diagnosis of impairment, disability by professional assessment.

The two children with no impairment who had delays had problems with speech. The fact that 67% of children with disabilities did not have serious developmental delays was probably due to the higher proportion of mild disability. This demonstrates that not all disabled children will be delayed or have problems of development.

Special Cultural Practices

Jamaican parents engage in a formal "infant handling routine" that may have a specific effect on physical and motor development (Hopkins & Westra, 1988). It comprises a series of consecutive actions or exercises carried out by the caregiver daily, following the infant's bath. It begins at birth and continues to about 10 to 12 months, depending on when the infant starts to walk. The exercises including "sopping," "stretching," "active exercises," "massage," "shaping," and "cotching up" (the latter incorrectly called "catching up" by van der Putten & Finkenflugel, 1996).

In a recent study of 28 children with and 24 children without disabilities conducted in a rural area in the parish of Manchester, it was found that the above mentioned routine was practiced by all mothers or caregivers, but was started later and practiced more frequently and longer in children with disabilities (van der Putten & Finkenflugel, 1996). While the long-term therapeutic effect of this practice on the development of motor and other skills in children with developmental disabilities is not known, the stretching routine is similar to range of motions exercises. Apparently, the parents with children with disabilities believed that the exercises would attenuate developmental delays.

Service Need

Helander (1993) has pointed out that "needs" must be divided into three domains: "felt," "expressed," and "assessed." In this section, I refer to "assessed needs" because they were quantified on the basis of medical and psychological examinations and from the use of the Activities of Daily Living Questionnaire, which was administered by community workers. Analysis of the ADLQ showed that the commonest delays in development in children, as perceived by caregivers, were in receptive and expressive communication skills and failure to participate in community activities. Communication delays were also the most frequent in children without disabilities. The reasons for these delays were not determined, but it was felt that they could be due to subcultural practices, temporary illness, or neglect.

Impact of Disability on the Family

The IESCD also examined the burden of care as perceived by the main caregiver, using an "impact questionnaire" specifically designed for the study (Appendix 2). We also repeated the survey on another sample of children regarded as developing normatively in the Spanish Town area in 1992 in order to get a wider baseline of the impact of "normal" children on caregivers. It was during this survey that we confirmed the finding that 24% of children were living away from their mothers, and we noted the greater likelihood that such children would be boys. Further, the burden of rearing boys was perceived as being more stressful than rearing girls.

An increasing burden, manifested in emotional, physical, and financial stress and lack of self-esteem in caregivers was associated with increasing severity of disability, especially physical and mental retardation (Thorburn, Paul, & Malcolm, 1993) but not experienced by caregivers of deaf children (Table 3). This does not seem to be in agreement with Leavitt's findings, however. She analyzed her data from a different standpoint (children already in a CBR program) and did not compare her findings with views about normative patterns of development.

One feature of relevance to this chapter was the response to the question of whether parents would accept a place in a children's home for their child with disabilities. It has often been suggested by professionals that many Jamaican parents would like to be relieved of their children with disabilities. This study confirmed Leavitt's findings of a fairly low desire for institutional placement, in that only 18% of caregivers of severely disabled children would make this choice (Table 3, item 17). However, where the child was severely mentally retarded or physically disabled, the percentage rose to 23 and 41% respectively.

INTERVENTION: ITS EFFECTS ON THE CHILD AND FAMILY

Much has been written about early intervention for the preschool child with disabilities in North America and Europe, but very little has been written on this issue concerning children with disabilities from the third world. In Jamaica we have been monitoring early and later intervention since 1975 when the first early stimulation program was started (Thorburn, 1981). This section will describe the effectiveness, the impact, and some of the constraints of early intervention, which are related, to a great extent, to cultural and social factors rather than to the severity and cause of disability.

Table 7.3. Percentage of Respondents Disagreeing With Positive and Agreeing With Negative Statements About Impact of Child on Caregiver

	Positive				Negative statements							
Group of children	3	4	9	13	7	14	10	12	15*	16*	17	Mean of 7 to 14	
St. Catherine 0–5 years													
Normal	323	15	12	14	1	33	25	62	24	4	3	2	36
Clarendon 2–9 years													
Asymp	286		8	5		24		56	24	1	2	5	35
No dis	798	12	11	6	3	31	16	66	28	2	3		32
Mildis	117		15	9		34		74	35	3	5	16	48
Serdis	72		16	13		43		77	39	5	15	39	53
All cog	142	18	18	12	3	48	23	78	36	7	12	28	46
Sercog	47	26	19	15	2	43	32	76	43	8	23	45	48
Allmotor	17	6	12	12	6	47	53	95	54	24	41	65	62
Allhear	27	0	7	11	7	44	11	59	?	7	4	22	38
Allvis	35	17	11	14	3	31	17	77	40	6	12	23	41
Allspeech	48	19	13	19	8	41	27	71	40	10	17	42	45

Explanations serdis = serious disability,
allcog = all cognitive disability
allvis = all visual disability

# These precents include *yes* and *sometimes* responses

* between 37–69% of respondents in Clarendon said "not applicable" to these questions

Positive statements

3. Family is closer because of child
4. Relatives more helpful
9. Caring for child makes you feel a better person
13. Enjoys being with child

Negative statements

7. Child causes financial problems
14. Child interferes with plans
10. Worries about child's health
12. Stay awake worrying about child
15. Another child has to stay home to take care of this one
16. Taking child out is a mental strain
17. Would accept a place in a children's home for child

Early Results Using Portage

The Jamaican Early Stimulation Project was based on a home visiting program model originated by Shearer and Shearer (1972) in Portage, Wisconsin, in the late 1960s, at a time when there was a rash of new early intervention projects in the United States. It was adopted in Jamaica for several reasons: Because it could be done at home, it had a clearly defined and structured program that could be used by nonexperts, and the technology was simple.

By 1980, over 1,000 children with disabilities in Kingston and St. Catherine had been exposed to this program. Its effectiveness was evaluated in 1978 (Thorburn, Brown, & Bell, 1979) by comparing skill gains of children in the program with performance of the children before they entered the program. The findings were very positive, as even the children with the most severe disabilities improved over and above their expected rate of progress. The program was extended to St. Catherine in 1978 but as support from the government ceased in 1982, the St. Catherine Parents Association took it over and with the help of overseas grants expanded it into a CBR program (3D Projects) that now serves all age groups.

A criticism of the Portage type of program is that it may not be culturally appropriate, based as it is on an American model. It does have its constraints, because not all parents participate. Also, the language in which it is written is very terse, making interpretation and learning more difficult for the community worker who does not speak Standard English. The system of record keeping is also onerous on persons not accustomed to writing. An evaluation of 50 random Portage records showed poor maintenance of progress reports (Thorburn, 1988). Nevertheless, it remains the most accurate and effective tool we have. After 20 years of experience with the model, it is our surmise that it needs to be revised and made more culturally appropriate.

Evaluation of CBR by Families

The success of both home-based early intervention and community-based rehabilitation (CBR) is dependent on the involvement of family members in the training of persons with disabilities. O'Toole (1989) undertook a survey of Guyanese mothers and their responses to three aspects of teaching their children: knowledge of child development, their belief in their ability to influence development, and whether they had the time to teach/train their own children. He obtained very positive responses to the first two questions, but concluded that the poor Guyanese mother has very little time to devote to teaching her children. She also shouldered the major brunt of child rearing, since 51% of mothers were doing this alone, whereas only 1% of fathers did this alone. In a further study of children with disabilities and their progress in a CBR program, O'Toole (1988) found that 36% made substantial improvement, and that parental attitudes toward the children also became much more positive.

The first CBR program in Jamaica, 3D Projects, began in 1985, arising out of the St. Catherine Early Stimulation Project described above. It uses a very similar model to the Portage home-based program, providing training for the person with a disability in the home, in the regular school system, or in other community-based facilities. Services are mainly delivered by people from the community using fairly simple technology. Detailed descriptions of 3D Projects have been given elsewhere (Thorburn, 1989, 1991). The CBR program in Jamaica is very different in service delivery and philosophy from those traditionally offered in the segregated schools and institutions for the disabled that exist in Jamaica. It was, therefore, important that family reactions to the service be determined.

This was done in two separate parishes, St. Catherine and Clarendon, in two successive years, using the same questionnaire. The responses on the whole were very favorable (Thorburn, 1992a) and identical in both parishes. The findings were very similar to those of O'Toole in terms of attitude change. Home visits were appreciated by 87% of families, and 87% of caregivers reported that they participated in the activities of the visits and in the training of their children. Approximately 80% said they understood their child's disability better, and 76% said their child had done better as a result of the home training. Ninety-two percent said that they would recommend the program to another parent of a disabled child.

Parent Participation

One fact emerged from the assessments that was disappointing, namely the low attendance (47%) of parents at training activities offered by the program. This led us to look more carefully at the role and involvement of parents. We wanted to determine what factors determined parent involvement, as the parent (or other family member) is expected to be the main teacher of the child.

Terwindt (1992) investigated 29 families served by 3D Projects in the parish of St. Thomas. Through interviews with caregivers matched with interviews with the community workers who visited them, he was able to clarify some of the problems that occurred in this setting. Three major factors determining the caregivers' beliefs regarding disability and rehabilitation were found to have a negative impact on their involvement: the role of the health services, the caregivers' failure to accept the disability, and insufficient knowledge of the possibilities of rehabilitation, leading to unrealistic expectations. There were caregivers who had adopted the role of trainer, but others, who appeared to be equally loving and caring, did not get involved in rehabilitation and often overprotected children.

The role of relatives and friends was variable. While many caregivers relied on close family to help out, very little reliance was placed on persons outside the family, and the caregivers mostly had low expectations about assistance from others. A notable positive influence on caregiver involvement was their contact with other parents of disabled children. Following Terwindt's study two years later, in a different area, Bischoff (1994) found that caregivers of children with disabilities mostly found neighbors helpful, though they were careful not to overburden them by asking too much. "Too much" was perceived as not more than they would want to do themselves.

While specific studies of the effectiveness of the influence by other parents have not yet been made, frequent in-depth discussions with groups of parents about their reactions to having a child with a disability have made it clear that the distress, confusion, isolation, guilt, and shame, which are experienced to varying degrees by many parents, are considerably alleviated by involvement in parent groups in which awareness, accurate information, and rights are discussed. Parent training in groups also had another beneficial effect on the child: The behavior and socialization of a child who is required to participate were affected very positively.

Attitudes of the Community

In view of what has already been reported, perhaps this next study should have been done earlier. The background to carrying out a survey of knowledge, attitudes, and practices in relation to disability and community-based services was the intention to carry out a national program of training and public education with respect to childhood disability. The study was done during June 1993, in three areas in two parishes, St. Catherine and St. Mary. A CBR program was already in place in the former parish. A stratified sample of different occupational groups was surveyed for supernatural beliefs, misconceptions about disability, awareness of rights of people with disability, knowledge of services, and willingness to offer assistance to persons with disabilities. The main findings have not yet been published, but the aspects relevant to the socialization of children with disabilities are included here.

Supernatural beliefs were held by a significant minority of the sample, with negative beliefs less prevalent (18%) than the idea that children with disabilities are "sent by God" (40%). This is in agreement with Leavitt's earlier findings. One could expect that these beliefs might interfere with intervention efforts or might encourage isolation and "putting away the child." Perhaps these are in keeping also with the most pervasive misconceptions, that is, the preference for special schools and special homes shown by 53% and 72% of the respondents.

The most negative misconceptions—"not going too close to a disabled person," "disabled always a burden," "I don't like to look at," and "disabled children would not be able to work or marry"—were all rejected by an average of 68% of persons, though a realistic 26% thought that disabled persons could be a burden sometimes. Children with disabilities playing with normal children was rejected by only 5% of respondents.

Although 74% agreement with the statement "Training is more important than care in special homes" might seem contradictory to the misconceptions on the special home and school being best, it is possible that the latter may be thought to provide better training. It is common for parents, when asked why they want to put their child in a home, to say that the home would give them better training than they can get in their own home.

The need for training does appear to be well accepted, but the rights to full participation and equality of opportunity are not. People are not aware that persons with disability can get adequate training and rehabilitation in their own homes. They continue to subscribe to old assumptions that special schools and homes are the best places for individuals with disabilities. Furthermore, questions on equal job opportunities and the cost of services showed that only 50% of the respondents recognized the equal rights of people with disabilities to these opportunities.

Fortunately, the positive assertion by 96% of respondents that programs should be shared by the government and the community, while, in another question, only 25% thought that the government should have full responsibility, was borne out by the expression of personal willingness to help a neighbor or a person having a seizure or to volunteer to assist if training was provided. It was also found that the higher frequencies of supernatural beliefs about disabilities were associated with the lower-income-earning occupations and with the oldest age group—50 years and over.

Those findings have an important bearing on the acceptance and socialization of children with disabilities. Potential barriers to the full participation of individuals with disabilities in Caribbean society are: persistent supernatural beliefs; lack of awareness of the possibility that community and home-based services can be effective; the persistent belief that special institutions are best; and the lack of recognition of some human rights, particularly to full participation, integration, and equality of opportunity. It must be said that this study did not discriminate between different types or levels of severity of disability, which in some cases might elicit more negative attitudes than others toward those who are disabled.

CHILDREN IN INSTITUTIONS

One of the negative outcomes for children with disabilities, especially if the home environment is inadequate, is the placement of the child in an institution. As reported earlier, there is sometimes a desire to place a child in an institution, both for the relief of burden and because there is a widespread belief that the institution is the best place for children with disabilities. In view of the finding that the highest burden is perceived by parents of severely mentally and physically disabled children, it is not surprising that the large majority of children abandoned to residential care (as opposed to being placed in a boarding school), are severely disabled, mentally and/or physically. In an assessment of 439 children thought to have disabilities in the care of the Children's Services, 85% were found to be in these categories (Thorburn, 1992b). With a few notable exceptions the sad but not unexpected fact was that they were not getting any better care in the institution than they would have had in their own homes. The actual amount of training provided toward independence was minimal. As a result, many were unnecessarily handicapped, especially in the areas of self-help and social and language development. Almost 50% did not need to be in a residential home on the basis of the care required.

It can be concluded that, as with the nondisabled child, institutional placement is more likely to have a negative effect on the socialization of the child.

CONCLUSIONS REGARDING THE SOCIALIZATION OF THE CHILD WITH A DISABILITY

The major factors that influence the process of the socialization of a child with a disability in the Caribbean seem to be:

- attitudes toward disability generally
- family structure and practices
- responses of parents and how these are modified by external factors, such as the initial interface with services and the advice they receive
- community involvement
- enrollment in an early intervention program

Attitudes Toward Disability

We have seen that while superstitions and misconceptions exist, the society's attitudes as a whole are not too negative, bearing in mind that the more severe disfiguring or disturbed disabilities might be treated differently and in a more negative way. With the latter, such children may be hidden. The failure to recognize equal rights, however, does discriminate against the equal access to health, educational, and social services, not only by the service providers but by the family as well. The child with the disability is the lowest priority for getting transport, food, and clothing for school.

Family Structure and Practices

Since the prevalence of disability was not significantly different in children living without their mothers as compared with children with their mothers, it would seem that the absence of the mother is neither a causative factor in disability, nor a result of it. However, Leavitt's research suggested that the presence of a male in the household was related to better acceptance and less perception of stigma.

Further investigation of the effect of other factors such as gender of the child, number of relatives in the household, would be indicated. This could be done with the existing database.

Clearly, the love for and acceptance of the child with/in spite of the disability are of prime importance in affecting the child's degree of socialization. But as Terwindt (1992) pointed out, there are caregivers who are very loving but are overprotective, thus handicapping the child's development.

Methods of child rearing have not yet been studied in children with disabilities. Perhaps we wrongly assume in Jamaica that the concept of childhood and child rearing is mainly Western. However, it is widely accepted that child rearing approaches generally tend to be negative and punitive. In general, children are rarely praised, and girls are more likely to be kept in the yard. Many parents report that they used to beat the disabled child until they realized it did not help. Others withhold food as a form of punishment (Sobo, 1993). During the past 5 years, training courses on behavior management for parents of children with disabilities have been greatly appreciated, and many express the view that all parents should have this training.

Reactions to Professional Services

The negative reactions that occur in response to poor handling by health care workers, especially doctors (usually the first contact with services) and inadequate, inappropriate, and insensitive advice given, also appear to be detrimental factors. Many parents cite examples of repeated attendance at hospital clinics, which are expensive and time consuming, with very minimal, if any, information given and little perceived benefit to the child. Even in very recent clinic visits, parents have reported that they were advised to have their child's "tongue-tie" cut to facilitate the development of speech.

Groups of parents invariably complain that they did not get the information they really needed when they encountered professionals. The support they get from other parents who have been trained to address the needs of children with disabilities, however, is much needed and appreciated. Our experience in the Caribbean indicates that group training in home care and management, misconceptions, and rights is essential, and evaluation of parent training is not just a need but a necessity. We are also now realizing that parents are more effective in orienting the community and professionals, as well as other parents.

Do parents initiate their own "early intervention" without help of others? If so, what do they do? We know that many mothers do try various techniques, especially the formal handling routine of baby exercises (Hopkins & Westra, 1988). On the other hand, our work with children in the last 20 years has shown that there is little spontaneous active concern by the community for persons with disabilities, in spite of the good will expressed by the attitude survey respondents. An outside stimulant or catalyst appears to be required to initiate action at a community level.

What have been the long-term outcomes of the early intervention provided by the Early Stimulation Project? Children who were enrolled in 1975–1976 are now over 20 years of age. A follow-up study of these children would be very useful at this stage.

Self-Image

One area that requires some research is the study of children's views of themselves as compared with children without disabilities. Do they mix? What is their self-image? How do they react to special education? How do they face adolescence and sexuality? What percentage become independent adults, and what do they perceive as the main factors in helping them become independent? These questions need to be answered.

We know that many children with disabilities do not like labels such as "handicapped." They do not like to tell other children that they go to a school with that type of label, as they get mocked. We can speculate that a significant percentage of children with disabilities are never labeled because they have not been identified. Perhaps this is a good thing. We assume that detection and assessment are good for the child, but perhaps the child is better off, in some cases, unidentified and not stigmatized. This is another area that could be examined.

POLICY IMPLICATIONS

The recent program developments in the childhood disability field increasingly beg the examination of policies. Parents are taking an active part in this process. Some of the areas that need to be addressed are training and awareness for parents, health staff, and teachers; the implementation of equal access requirements; and full participation in community living.

Health Staff and Teachers' Attitudes and Practices

Many people now believe that community-based services for persons with disabilities need to be part of primary health care. Going still further, all personnel who are in regular contact with children should have basic awareness, knowledge, and skills so that they can offer appropriate advice and facilitate access. The current UNICEF program in Jamaica is geared toward this approach, but it needs to be backed by government policies. This can be done as has been shown in Belize during the 1980s, when the Ministry of Community Development and Labor was headed by a politician who was visually disabled and who provided strong advocacy for such a program.

Equal Access to Services

Government policies, again in health and education services, need to be implemented to insist on equal access to schools and health services. This means changes in building structure, better training of teachers, and more flexibility in class placement, teaching styles, and classroom management. The inclusion of curriculum content on disability in basic training of health care workers should also be primary health care policy.

Parent Training and Support

For those of us who have been doing this for some time, the value and necessity of parent training and support are self-evident. Within the wider context of the breakdown of the family, increasing societal problems including child abandonment and abuse, substance abuse, and violence, these programs are becoming more and more urgent. There is already evidence that long-term spin-offs of quality early intervention in disadvantaged black children in the United States include a much lower level of criminal and violent behavior, higher earnings, more home ownership, and higher numbers graduating from high school when compared to a control group receiving no intervention (Schweihart & Weikart, 1993). A major problem to be addressed is that the parents who most need the training are those least likely to participate.

Also, to carry out such programs would be a major task. Can the existing, relatively small projects for children with disabilities be replicated on a wider scale to the national level without incurring major new costs? This seems to be the crucial question.

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ACTIVITIES OF DAILY LIVING QUESTIONNAIRE—ADLQ

Answers circled in the second column of RESPONSES indicate a handicap.

	ACTIVITY	*RESPONSE*			*COMMENT*
1.	Eats and drinks without help	NA	No	Yes	
2.	Washes hands without help	NA	No	Yes	
3.	Cleans her/his teeth without help	NA	No	Yes	
4.	Uses the latrine without help	NA	No	Yes	
5.	Dresses without help	NA	No	Yes	
6.	Understands what you say to him/her		No	Yes	
7.	Expresses thoughts, needs and feelings		No	Yes	
8.	Others understand his/her language	NA	No	Yes	
9.	If he/she has no feelings in the arms and/ or legs, can he/she deal with this disability	NA	No	Yes	
10.	Gets up from lying without help		No	Yes	
11.	Moves both arms and uses hands		No	Yes	
12.	Moves both legs		No	Yes	
13.	Moves around the house alone		No	Yes	
14.	Has aches and pains in the joints		Yes	No	
15.	Plays like other children his/her age		No	Yes	
16.	Gets schooling or had schooling	NA	No	Yes	
17.	Takes part in family activities		No	Yes	
18.	Moves around the village alone	NA	No	Yes	
19.	Takes part in community activities	NA	No	Yes	
20.	Does daily household activities	NA	No	Yes	

Key: Ques. 1–5 = Self help
Ques. 6 = Learning
Ques. 7–8 = Language
Ques. 9–14 = Motor
Ques. 15–20 = Socialization

21. Does child need referral to specialists other than the project team No Yes

If yes, for what? ____________________

22. How many handicaps does the child have (if any)? ____________________

REVISED IMPACT QUESTIONNAIRE

1. Does caring for .... usually leave you very tired? Y N S NA
2. Does the family earn less money because someone has to stay home and care for ....? Y N S NA
3. Has taking care of .... brought your family closer together? Y N S NA
4. Have your relatives been helpful and understanding with ....? Y N S NA
5. Do you have much spare time left for other family members after caring for ....? Y N S NA
6. Does anyone understand the burden you bear in caring for ....? Y N S NA
7. Does the amount of money spent in taking care of ....cause financial problems for your family? Y N S NA
8. Does taking .... to the clinic place a physical strain on you? Y N S NA
9. Has caring for .... made you a better person? Y N S NA
10. Do you worry a lot about ....'s health? Y N S NA
11. Do you get into family arguments over ...., for example, over his/her behavior, how he should be treated, or who should take care of him? Y N S NA
12. Have you stayed awake at nights because you are worrying about ....? Y N S NA
13. Do you enjoy being with ....? Y N S NA
14. Does .... interfere with your plans or make it hard for you to do other things that you enjoy? Y N S NA
15. Does one of the children often have to stop from school to look after ....? Y N S NA
16. Does taking .... out put a mental strain on you because of what people say? Y N S NA
17. Do you think that .... will live a normal life like other children? Y N S NA
18. Will .... be able to attend school when he/she reaches school age? Y N S NA
19. Will .... always have to live with you? Y N S NA
20. Does .... often play with other children? Y N S NA
21. Do other children usually want to play with ....? Y N S NA

22. Are the other children in you family affected by ....'s behavior? Y N S NA

23. If you were offered a place in a children's home for .... would you accept? Y N S NA

24. Do you think anything is really wrong with ....? Y N S NA

25. If YES to #24 do you believe that the right doctor and right medicine can cure it? Y N S NA

26. IF CHILD IS THREE OR OVER, ASK THIS QUESTION

Is .... in school Y N S NA

If YES what kind?

a. normal/regular
b. special education
c. day care
d. residential home
e. Play group
f. Other (specify)
g. NA

Chapter 8

The Impact of Parent–Child Socialization on the Development of Conduct Disorder in Jamaican Male Adolescents

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The impact of adolescent violence in modern Western societies is rapidly becoming one of the most serious and consequently one of the most topical social and public health problems to emerge in the past decade. In a commentary on the problem, Charles Ewing, professor of law at the University of Buffalo, reports that by the year 2000 American society will be forced to deal with 6,000 or more juvenile homicides per year (APA, 1991). In the Caribbean, the crime figures are not as stark in terms of the degree of youth involvement. However, in light of the physical, psychological, and economic impact that the behavior of these adolescents (in any society) has on the victims, the victims' families, their own families, and the community, it is important that mental health and social service practitioners understand the basis of conduct disorder in adolescence.

My research interest in conduct disorder was prompted by work with violent and emotionally disturbed adolescents in the Central New Jersey area of the United States. Perusal of the literature suggested that although a great deal of empirical and theoretical work has been done, it was still not clear which factors are associated with this disorder. The primary objective of this chapter, therefore, is to discuss the feasibility of using a theoretical model adapted and developed by this researcher to suggest the specific nature of the association between the presence and severity of conduct disorder and specific parenting factors, namely, the presence of parents, contact with parents, and the stability of parental care arrangements in a group of 140 Jamaican male adolescents. These parenting issues are discussed within the framework of a broader research project that looked at family, peer group, and biological factors associated with conduct disorder. In this chapter, conduct disorder will be viewed as a pathological state within which delinquent acts take place (McMahon & Wells, 1991).

Because the North American literature suggests that race acts as a confounding variable in assessing the complexity and incidence of conduct disorder (Henggeler, 1989; Huizinga & Elliot, 1987), the study reported herein was conducted on a sample outside of the United States, in Jamaica, West Indies, where there is some degree of cultural and racial homogeneity and where racism is less of a significant factor in terms of the extent to which incarceration would be influenced by racial bias on the part of the social service or correctional system.

OVERVIEW OF THE MAJOR THEORETICAL PERSPECTIVES ON CONDUCT DISORDER

Numerous studies have been conducted on juvenile delinquency and conduct disorder. Many of these studies looked at etiological factors relating to delinquency and conduct disorder (Orcutt, 1987; Schior, 1983), while others described the nature of conduct disorder (Raine, 1993) and investigated the associations between delinquency and a wide range of family variables (Khron & Massey, 1980; Rutter, 1972), peer group status (see Parker & Asher, 1987), biological factors (Lewis, 1985), and social and demographic variables (Akers, 1964; Bandura, 1973; Cloward & Olin, 1960).

The current literature and those of previous decades point to a number of psychological, social, and biological factors associated with conduct disorder in childhood and adolescence. For example, Rutter and Giller

(1983) argue that factors associated with psychosocial disorders, by their nature, are complex and tend to be characterized by multiple causation. In discussing serious delinquency, therefore, we are dealing with an issue of multifactoral etiology where the social and family environment interacts with the biological makeup of the individual. Sometimes it is difficult to distinguish between nongenetic and genetic factors, as environmental factors do not affect all adolescents in the same way. In addition, constitutional factors such as the individual's temperament and cognitive skills play an important part in the genesis of this disorder. Acquired behavioral patterns, such as coping strategies and defense mechanisms influenced by family-related variables, have also been cited as contributing to the development of serious delinquency. Mediating factors, such as social support systems and role models, seem to figure in the genesis of this disorder as well (see Kessler, 1996).

In spite of the complexity involved in identifying the specific contribution of each of the constellation of family and peer group socialization variables that may be linked to conduct disorder, researchers have found that some of the factors that contribute to delinquency are centered in child rearing practices within the context of family interrelationships (Fendrich, Warner, & Weissman, 1990; Richman & Harper, 1979). Poor parenting skills displayed in the form of inappropriate parental management strategies and harsh discipline have a direct impact on the child (Patterson, DeBarsyshe, & Ramsey, 1989). Likewise, because marital disharmony is linked to parenting (Belsky, 1984), it can have direct consequences on the behavioral tendencies of parents during the socialization process (Geismar & Wood, 1986). Parents who engage in a high degree of marital conflict may be less effective in communicating and encouraging socially approved patterns of behavior appropriate to the child's age level. Thus, regardless of the sociological and environmental considerations and the innate biological makeup of the individual, the failure or success of child rearing practices is an important variable to consider in the examination of conduct disorder in childhood and adolescence.

In this vein, the existing literature suggests that family structure and function seem to emerge as being important in producing children with resistant conduct disorder (see Geismar & Wood, 1986; Patterson, 1986; Patterson, DeBarsyshe, & Ramsey, 1989; Patterson, Dishion, & Bank, 1985). To summarize: structural factors such as separation of parents, separation from parents, and single-parent household; and functional factors such as degree of affection toward children by parents and/or other family members, degree of parental discord, presence of positive parental role model(s), and the consistency and severity of discipline all may contribute to conduct disorder in childhood. Specific biological variables as well as peer group variables are also implicated in the development of conduct disorder.

EARLY CONCEPTUAL CONSIDERATIONS

For over three decades, social learning theory has been used in the evaluation and treatment of juvenile delinquency within the context of the family (particularly in relation to modeling of parental behavior; Bandura & Walters, 1959; Gardner, 1974). One useful theoretical model based on Social Learning Theory proposed by Stuart, Jayaratne, Tripodi, and Camburn (1976) suggests that the learning of deviant behavior is a complex interaction, which is referred to in this chapter as important *learning dimensions* in the child's environment, namely, parent-child interaction in the context of the family, teacher-child interaction in the context of the school, and peer interaction in the context of the social environment. Stuart, Jayaratne, and Tripodi (1976) propose that deviant behavior results when a certain pattern of frustrating circumstances occurs in the family, in the school, and/or in the community. According to this model, prosocial responses are discarded or neglected, and negative behaviors are reinforced over time by peers in the social environment, thus resulting in deviant behavior. Later theoretical, multicausal models such as that of Elliot, Huizinga, and Ageton (1985) point to the role of prior delinquent behavior in the eventual development of more serious delinquent behavior. Yet others emphasize the importance of parental modeling and family stability as deterrents to delinquent behavior (Khron & Massey, 1980).

ESSENTIALS OF A NEW THEORETICAL MODEL

Based on this discussion, the writer developed an integrated model, synthesizing the most helpful ideas from various prior models. The basic components of the model are (a) *psychological dimension,* which includes the existence of personality traits and cognitive abilities; (b) *societal dimension,* which suggests involvement of the agencies of socialization such as the family and school; and (c) *social dimension,* which reflects the extent to which behavior is reinforced negatively or positively by the different systems developed by the society to deal with the offender. As a result of the effect of the latter dimension, deviant behavior may persist or may be redirected into other noncriminal channels.

The basic rationale for developing a conceptual framework is that deviant behavior appears to be of considerable magnitude and complexity, and there exists little conclusive theory on the etiology of this disorder in the Caribbean. This writer has therefore expanded on the social learning model to include the psychobiological dimension of the individual as one aspect of the child's experience that will affect whether he/she exhibits deviant behavior in response to frustration (see Figure 1). Thus the same process that occurs in terms of parent-child interaction also occurs at the intrapsychic level. The child internalizes aspects of the parental culture, which become part of his/her own psyche. At this level, interaction is influenced by characteristics of neurological makeup, cognition, and personality type. As a consequence, the child's difficult life experiences result in a perception of himself or herself that is synonymous with deviant behavior. Thus the individual may have a certain neurological makeup that, in interaction with other factors in the societal dimension, predisposes him/her to exhibit aggressive behavior. Lewis and Shanock (1978), in their classic study of 74 youngsters, provide empirical evidence to support the premise that the neurological makeup of the youngsters was associated with their delinquency. Given this neurological predisposition, some children may display a propensity to exhibit aggressive behavior. The responses of parents or teachers to the child's aggression may set in motion response patterns in the child, which become learned behavior. This is in keeping with the developmental model of antisocial behavior outlined by Patterson, DeBarsyshe, and Ramsey (1989), which suggests that a combination of factors throughout the child's development (including ineffective parenting and the impact of the process of family interaction) is responsible for the development of antisocial behavior.

The concept of three learning dimensions outlined in Figure 1 details specific components that impact on the development of deviant behavior, occurring as they do at different stages of the individual's developmental life cycle. I added three stages to the levels proposed by Stuart, Jayaratne, and Tripodi (1976). Stage 1 shows that the child is born with certain basic innate characteristics, and Stages 5 and 6 show that once this deviant behavior is learned, it can be redirected or can persist. These stages are added to allow for further model building as the empirical evidence unfolds in the research literature.

UTILITY OF MULTIDIMENSIONAL MODEL

This model postulates that once deviant behavior emerges, its persistence is influenced by negative and/or positive reinforcement by different systems of the society, which may intervene over time. Such systems include the mental health system and the correctional system.

As shown in Figure 8.1, I sought to adapt the original concept of the stage-by-stage development of deviant behavior and to highlight the manner in which critical dimensions of the learning constellation continue to affect the development of deviant behavior. This is one way of integrating the notion of a multivariable etiology that emerges from the literature. The literature points to the genesis of conduct disorder as

Figure 8.1. Development of deviant behavior via a "multi-dimensional model."

Stage I	Individual is born with innate personality traits, cognitive abilities and skills, and specific neurological makeup	PSYCHO-BIOLOGICAL DIMENSION
LEARNING PROCESS		
Stage II	Within the family and within the school, parents and teachers may inadequately cue and/or reinforce the above behaviors by the individual	SOCIETAL DIMENSION (Agents of socialization)
Stage III	Peers differentially strengthen problematic behavior	SOCIAL DIMENSION
BEHAVIORAL RESPONSE		
Stage IV	Prosocial responses are neglected; deviant behavior results	
Stage V	Behavior is reinforced negatively or positively by the correctional system and mental health system	PSYCHOLOGICAL DIMENSION (Reflects internalized response to learning)
Stage VI	Deviant behavior persists or is redirected	

Adapted from Stuart, Jayaratne, and Tripodi (1976).

stemming from psychobiological factors, many of which include numerous competing themes such as family life variables (Bahr, 1979), sociological family variables (Glueck & Glueck, 1962), and psychobiological variables (Lewis & Shanock, 1979). Unfortunately, research done on conduct disorder so far has not been very successful in terms of weighing the child's and family's needs at different stages of the child's development, in relation to the importance of the different etiological variables. This has led to an inability to develop an integrative framework, particularly as it relates to etiological issues. Figure 1 is an attempt to provide such an integrative framework. It is important to note, however, that the integrative structure of the model merely sets the overall framework for the progression of this disorder.

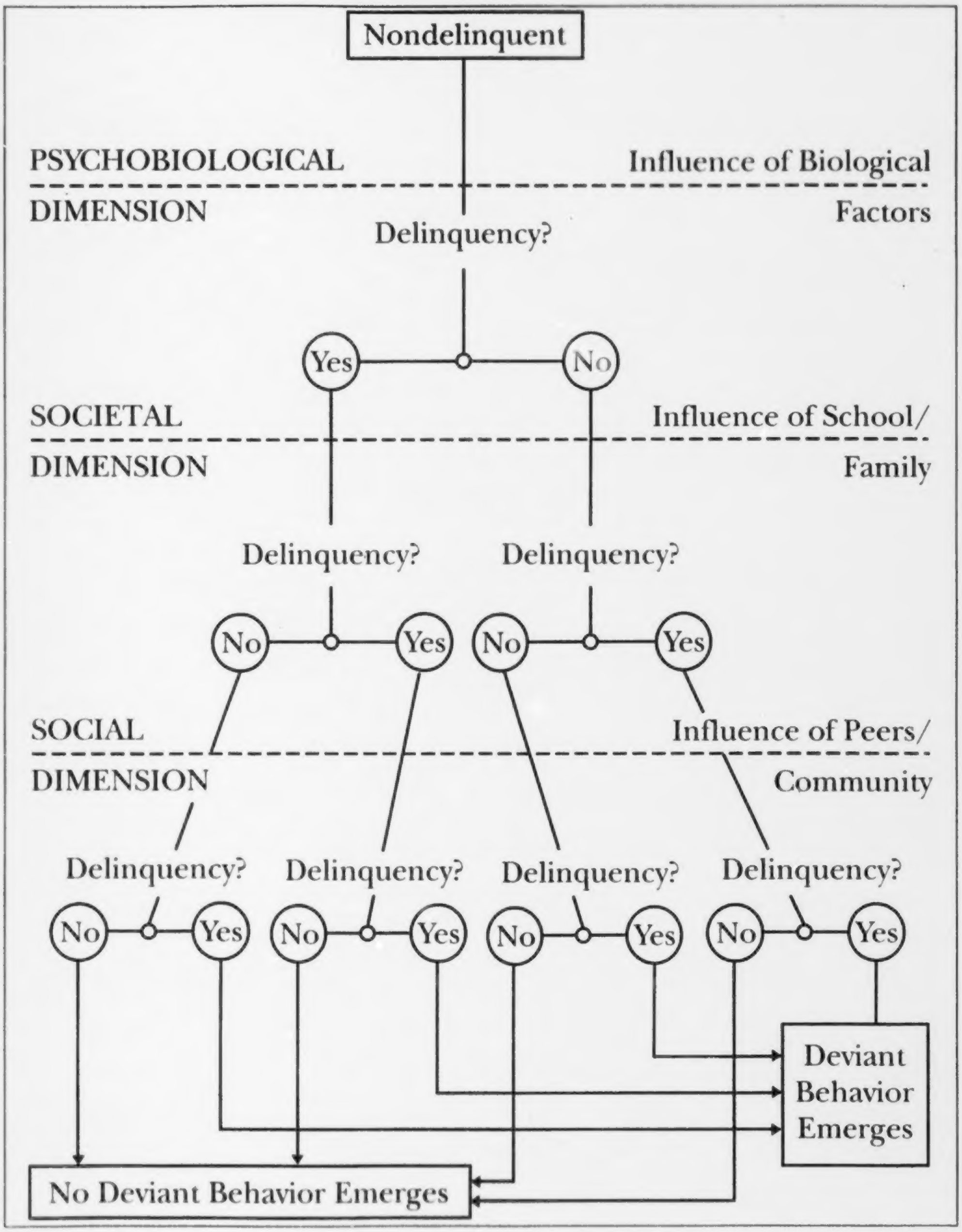
One of the disadvantages of a progressive model such as this is that each of the dimensions put forward is given equal weight in terms of its effect on the outcome of delinquency. Figure 8.2, therefore, presents a decision tree relating to each of the three dimensions proposed in the multidimensional model in Figure 8.1. The model in Figure 8.2 shows that in some children, the presence of biological factors may be more important than family or peer group factors in the emergence of delinquent behavior. Similarly, as shown in Figure 8.2, having a particular biological predisposition combined with peer influences may result in delinquency in some cases and not in others. The model also shows that in certain cases the effect of each of these influences (family, biological, or peer) by itself may produce delinquency, whereas under certain circumstances these same influences are the components of the equation required to produce a delinquent child. The study described herein tested some aspects of the proposed model to determine whether there were any significant levels of association between family-specific factors and the severity and development of conduct disorder.

JUVENILE DELINQUENCY IN JAMAICA

Prevalence

The incidence of juvenile delinquency in Jamaica, as measured by the number of children and adolescents brought before the court for indictable offenses, increased by approximately 6% from 1,600 in 1985 to 1,700 in 1986. After 1986, however, juvenile delinquency in terms of numbers brought before the courts decreased steadily, 1,700 in 1986 to just over 1,000 cases in 1988 (41% decline).

Figure 8.2. Decision tree regarding the emergence of delinquency via the multidimensional model.


Nondelinquent
PSYCHOBIOLOGICAL DIMENSION
Influence of Biological Factors
Delinquency?
Yes
No
SOCIETAL DIMENSION
Influence of School/ Family
Delinquency?
Delinquency?
No
Yes
No
Yes
SOCIAL DIMENSION
Influence of Peers/ Community
Delinquency?
Delinquency?
Delinquency?
Delinquency?
No
Yes
No
Yes
No
Yes
No
Yes
Deviant Behavior Emerges
No Deviant Behavior Emerges

Acts of Violence

The most common offense for which adolescents were brought to the Jamaican courts was "assault and wounding." There was an increase over the previous year of 16 cases (4.1%), to 405 cases in 1989. Larceny, the second major cause of adolescents brought to the courts, increased by 36 (13%), to 296 cases in 1989. The number of murders by juveniles moved from 1 case each in 1987 and 1988 to 6 cases in 1989.

Dangerous Drug Offenses

The number of cases of children or adolescents brought before the courts for drug offenses is relatively small (22 cases, 1.2% of juvenile offenders) and decreased by about 33% between 1988 and 1994. Some local analysts attribute this to the effects of the heavily funded Drug Abuse Education Program set up by the National Council on Drug Abuse. This program appears to be making inroads with at least the younger "youth" population; older "youth" (ages 19 to 39) have demonstrated an increase in rates of usage over the same period. The National Council on Drug Abuse reports increased usage of cocaine and crack in the total adult population during the period from 1991 to 1992 of 37%, particularly among those who are residents of some of the major urban centers of Jamaica, namely Kingston and Montego Bay.

CURRENT JAMAICAN LITERATURE

The literature on juvenile delinquency in Jamaica is limited and dated. Prior to 1980, there were few papers, published or unpublished, on the subject (Borely, 1967; Phillips, 1973), and they mainly provide data on rates of delinquency. The Phillips study attributes poverty and overcrowding, lack of recreational facilities, and a lack of schooling as predictive of delinquency in Jamaican children. A subsequent study (Burke, 1980) found an association between the development of conduct disorder and marijuana use.

The view that high unemployment rates in areas of high poverty lead to an increase in adult crime has remained speculative. A recent study (Ellis, 1992) suggested that the most significant variables for predicting adult crime in the Caribbean were the age range (14 to 28) and the number of police in a particular area. These factors could be seen as consonant with those findings that attribute adult criminal behavior to social factors rather than, for example, biological factors.

PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

One hundred twenty-four male adolescents in the age range 11 to 18 years were studied in order to assess whether the dependent variables of severity and presence of conduct disorder may be a function of family. In addition, this study sought to assess the possible interaction among family variables.

The study group consisted of 69 youths with conduct disorder. Fifty-five youths without conduct disorder comprised the comparison group.

The statistical analysis pointed to a number of specific structural and functional family factors associated with the presence of conduct disorder. The structural family variables that showed significant relationships to the presence of conduct disorder were: absence of mother, little or lack of contact with mother, and changes in living arrangements. The functional family variable that proved to be most significant and that showed a moderate degree of association with the presence of conduct disorder was the presence of negative parental role models. One could argue that the problems relating to family functioning (e.g., the presence of negative parental role models) may also have led to other problems relating to family structure, such as frequent changes in the youth's living arrangements.

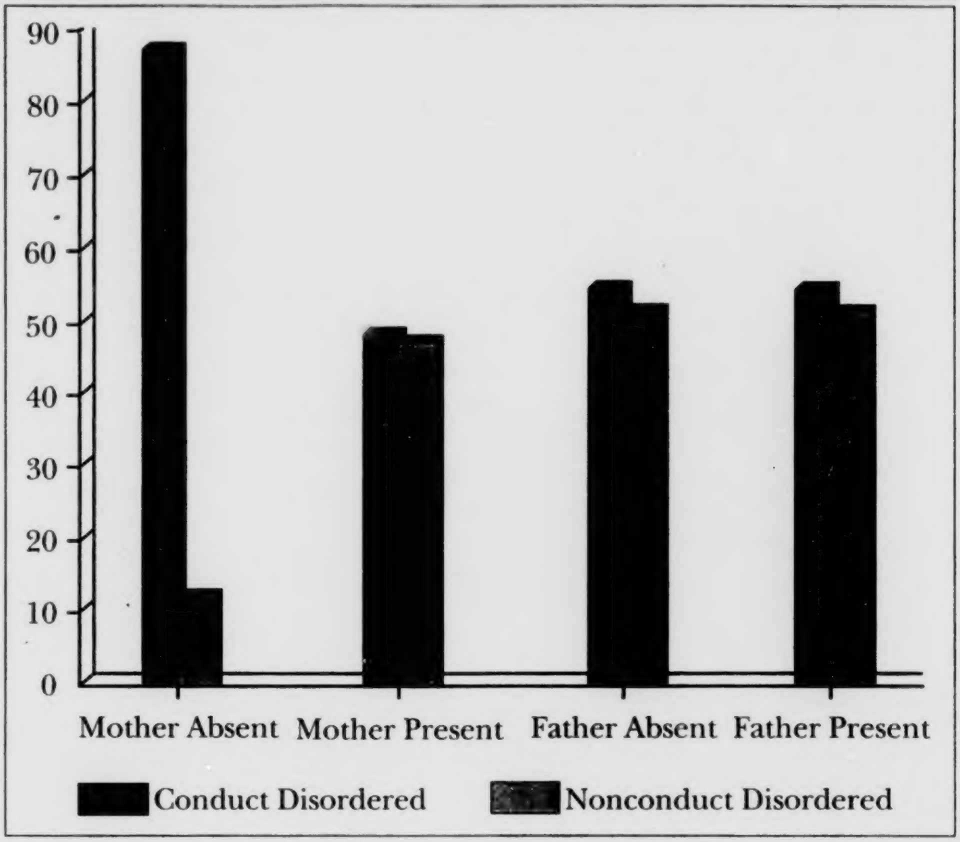
Absence of Mothers

The findings show that the mothers in the study group were more likely to be absent (86.7% vs. 13.3%) and/or have little contact with their sons (81.2% vs. 18.8%) than mothers in the comparison group (see Figure 8.3 and Table 1). However, there was little difference between the two groups in terms of absence of fathers ($x^2 = 0.03$; $p > 0.05$). This is an important finding when viewed in terms of the marginalized male in Jamaican society. Miller (1991) suggests that the relationship between the Jamaican mother and her male child is a strong force in early development given the high incidence of father distance from child rearing in the Caribbean. The importance of the maternal relationship is not new and has long been cited in the literature as significant in the development of social adjustment (Geismar & Woods, 1986). What is interesting about the finding is that mother absence was accompanied by low social contact (see Figure 8.3 and Table 8.1). Indeed, children in the comparison group (81.2%) compared with the study group (18.8%) had medium to high contact with mothers. A cluster analysis confirms the greater number of absent mothers and a greater number of low contact mothers as key factors in pointing to the presence of conduct disorder.

IRRELEVANCE OF FATHERS?

It is of interest to comment on the significance of the finding of little difference between the two groups in terms of the absence or presence of father.

Figure 8.3 Chart showing presence of parents during childhood for population studied.



Father absence has been implicated as being responsible for intergenerational instability in African-American families (see Billingsley, 1992; Ensminger, Kellman, & Rubin, 1983; Staples, 1991). In the current study, the emergence of delinquency was noted despite the presence of fathers. Based

Table 8.1. Youth's Perception of Low Contact with Parents

	Low[a] contact mothers		*Low[a] contact fathers*		*Other levels of contact*		*Totals*	
Presence of CD	*No.*	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
CD	18	81.2	14	43.8	37	52.9	64	55.6
NCD	4	18.8	16	56.2	33	47.3	55	44.4
Totals	22	100.0	30	100.0	70	100.0	119	100.0

[a] *Low* defined as little to moderate contact.

$x^2 = 8.16$; df = 2; $p < 0.05$

on the present findings, one may question whether the presence or absence of fathers was irrelevant to the emergence of conduct disorder. Such a conclusion could not be definitively drawn from this study. It is the concomitant absence of the mother and the poor quality of the relationship with the mother as well as the father (in terms of contact) that are significantly associated with the presence of conduct disorder in this sample. This is supported by the fact that although contact with the father appeared to be statistically not significant initially, it was a variable that emerged as interacting with the variable of contact with the mother when a more powerful statistical model was used. Thus the dynamic of the parental dyad, rather than the maternal factor alone or the paternal factor alone, is one of the contributing family factors to conduct disorder. This becomes clearer in the next section.

PRESENCE OF NEGATIVE PARENTAL ROLE MODEL

Another factor that emerged as an important variable associated with the emergence of conduct disorder was the presence of a negative parental role model. This finding is in line with the view espoused by social learning theory on delinquent behavior (Bandura & Walters, 1959). There was a significantly greater percentage of adolescents who had negative role models in the study group (76.7%) than in the comparison group (23.3%) (see Table 8.2). The negative parental role models were mostly fathers (70%), however, and this may point to the relevance of the quality of father–child relationships, but not necessarily to fathers' continued presence in the emergence of conduct disorder. These findings provide support for the contention that in the Jamaican sample the presence or absence of father in isolation cannot account for the emergence of conduct disorder. Possibly, there is an interaction between structural and functional variables in the emergence of conduct disorder—the dynamics of which may rest on the differential influences of specific but not necessarily the same paternal and maternal variables.

Table 8.2. Evidence of Negat[illegible] Role Models (Parents)[a]

	Evidence of negative role model		*No evidence of negative role model*		*Totals*	
Presence of CD	*No.*	*%*	*No.*	*%*	*No.*	*%*
CD	23	76.7	44	47.8	67	54.9
NCD	7	23.3	48	52.2	55	43.1
Totals	30	100.0	92	100.0	122	100.0

[a] *Negative parental role model*—defined as parents involved in criminal behavior, drug abuse, alcohol abuse, mental illness, violent behavior.

$x^2 = 7.600$; df = 1; $p < 0.05$

NUMBER OF CHANGES IN LIVING ARRANGEMENTS

Changes in the parental dyad were mentioned as being associated with delinquency (Geismar & Wood, 1986). Supported by the fact that Jamaican society has a widespread cultural practice of "giving up" children who exhibit behavioral problems to child care and correctional government authorities (Brodber, 1972), the number of living arrangements of children was examined in association with the emergence of conduct disorder. Eighty percent of children in the study group were living without parents prior to being institutionalized, compared to 20% in the comparison group (see Table 8.3). From the data, it was found that a sizable majority of the study group children (91.7% vs. 8.3%) had two to six changes in their parental living arrangements (see Table 8.4). The frequent changes in living arrangements may have affected the quality of attachment relationships children formed with parents. Some (e.g., Bynum & Thompson, 1992) have argued that delinquency and conduct problems in general result from an underlying pattern of insecure attachment to the significant persons responsible for the youth's care.

Table 8.3. Children Living With and Without Parents

	Total living with parents		*Total living without parents*		*Totals*	
Presence of CD	*No.*	*%*	*No.*	*%*	*No.*	*%*
CD	43	47.8	24	80.0	67	55.8
NCD	47	52.2	6	20.0	53	44.2
Totals	90	100.0	30	100.0	120	100.0

$x^2 = 7.46$; df = 1; $p < 0.05$

Table 8.4. Changes in Parenting Arrangements from Birth to Present

	Changes		*No changes*		*Totals*	
Presence of CD	*No.*	*%*	*No.*	*%*	*No.*	*%*
CD	22	91.7	46	47.4	68	56.2
NCD	2	8.3	51	52.6	53	43.8
Totals	24	100.0	97	100.0	121	100.0

[a] *Change in Parenting arrangements*—Any change involving a difference in terms of the authority responsible for carrying out parenting functions.
$x^2 = 15.3$; df = 2; $p < 0.05$

THEORETICAL IMPLICATIONS OF FINDINGS

Overall, the multidimensional model that was proposed emerges as a sound base for contributing to the understanding of conduct disorder. The model assumes a biological predisposition (see Figure 1) that is affected by forces in the family, in the peer group, and in the school. The original model suggested that some of these forces are operating on a vertical plane, with the eventual development of conduct disorder being part of an accumulation of multiple influences. It appears that the absence of a stable maternal figure, low contact between mother and child, poor paternal role models, and instability in living arrangements seem to contribute to the presence and severity of conduct disorder. The fact that the study was done outside of the United States suggests the possibility of cross-cultural comparisons with different and similar ethnic groupings in terms of a predictive constellation of factors that can be associated with the emergence or severity of conduct disorder. The reduction of the confounding variable of race has also helped to clarify some of the issues that have emerged in earlier research in this area (Henggeler, 1989).

The theoretical implication of the maternal variable in this study must be discussed in terms of the cultural context of the study population. Historically, absence of mothers has not been a characteristic feature of Caribbean family structure (Blake, 1962; Clarke, 1957) but has become a salient factor in the parent-child socialization process of West Indian children in the past decade (Miller, 1986; 1991). The absence of mothers may be associated with external migration from Jamaica to North America and the United Kingdom, or internal urban migration for employment. Migration of parents without their children is being used as a means of economic survival. Mother absence and its implications for the development of effective strategies for social work intervention, as well as for social planning and social policy development, must be viewed more closely.

POLICY AND PRACTICE IMPLICATIONS

The most important policy direction guided by the findings of this study relates to the urgent need for the Jamaican government to institute a sound, credible, and comprehensive family policy that is effective in meeting the needs of poor families besieged by tremendous social and economic difficulties. Such a policy needs to be based on the reality of the resources of the country. The recommendations that follow represent a family policy that would address the needs of families who have children at risk for the development of conduct disorder, or other disorders that may lead to adult criminal behavior.

The connection between mother absence and conduct disorder suggests the need to develop a multipronged approach that deals with parental and childhood needs. The reasons for the absence of mothers vary and may include migration, abandonment, or entry into a new union. Basic data on why mothers have such low contact with children are necessary in order to address macro-level and micro-level issues that pertain to family functioning. The data on change in parenting arrangements showed the study group as being represented by 91.7% of those children who had two to six changes in their parenting arrangements during childhood, versus 8.3% in the comparison group. This suggests a degree of instability in living arrangements among the study population that must be addressed through parent education and other supportive family services.

In terms of negative parental role models and the problems of single fathers, the study showed that of the children who perceived their parents as negative role models, 76.7% were in the study group and 23.3% were in the comparison group. In particular, fathers were perceived as negative role models. Any effort to tackle psychological and social problems that afflict children must consider intervention efforts that systematically include fathers.

SUMMARY

The data discussed above would suggest that the study has some programmatic and policy implications and point to a need, for example, to establish comprehensive assessment and treatment programs for children and adolescents throughout the different levels of the correctional, child welfare, and educational systems. Such efforts, involving both professionals and paraprofessionals, could in turn prove instrumental in identifying and screening children with behavioral problems at the community level in both rural and urban areas.

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Chapter 9

Child Shifting: A Survival Strategy for Teenage Mothers*

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The shifting of child rearing responsibilities from the birth mother or birth parent to other individuals within or external to the kinship network

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is a well-established feature of Caribbean life and has been documented in the Caribbean family literature (see Brodber, 1975; Dann, 1987; Powell, 1982b; Roberts & Sinclair, 1978; Rodman, 1971; Senior, 1991; Smith, 1956). Child shifting takes several forms—from rearing by kin to what Brodber (1974) refers to as " 'passing on' to the elements." In general, its use in the literature connotes the informal "adoption" of children that may be permanent or temporary.

This chapter reports and discusses the practice of child shifting from the perspective of a group of young mothers in Barbados. The discussion focuses on the practice as a strategy for economic and social survival of the mother and child and addresses the implications for the socialization of the children and their parents.

FAMILY FORMATION AND CHILDBEARING: THEORETICAL CONSIDERATIONS

There is substantial empirical evidence that responsibility for household headship, family formation, and the support of children in the Caribbean often falls to women (see Clarke, 1957; Kerr, 1963; Roberts & Sinclair, 1978). Massiah's (1982) analysis of 1970 census data indicates that females account for about one third of all household heads in the region. In addition, it is estimated that about 18% of Caribbean households are maintained by women only (Folbre, 1990). In the case of Barbados, the data from the recent Women in the Caribbean Project (WICP) survey suggest that close to 50% of households are headed by females (Senior, 1991).

It is argued that the phenomenon of females as heads of households has its origins in the period of slavery when, as Massiah notes, "the basic elements necessary to the sharing and maintenance of a common household by a legally married couple, were unavailable to the slaves" (Massiah, 1980, p. 62). However, unlike other areas of Caribbean social life, which have clearly been influenced and transformed by economic, political, and social changes of the past century, family forms, especially in the lower social classes, have remained remarkably unchanged in the more than 150 years since emancipation (see Roberts & Sinclair, 1978). External migration of men, increased female independence manifest in nonresidential sexual unions, increased life expectancy for women, and economic systems that serve to marginalize men are some of the arguments used to explain the persisting family forms.

Three dominant family forms have been observed. The first is young single women with children, living in grandmother-headed households. The second type is female-headed single-parent households, and the third is the nuclear family—a man and woman living together with their children (Lange & Rodman, 1992). Varying degrees of complexity may be found within the first two family types, as female-headship is positively correlated to multifamily, especially vertically extended, households. The authors would like to suggest teenage childbearing as one factor that contributes to the perpetuation of the multifamily households.

Much has been written about teenage childbearing and its adverse consequences. The literature highlights the health (see Lancaster & Hamburg, 1986; Menken, 1980; Moore & Burt, 1982) and social implications (see Furstenberg, 1976; Card & Wise, 1978) and the demographic consequences (see Menken, 1980) of teenage childbearing. Early childbearing has also been linked with the abandonment of formal education (see Moore & Waite, 1977), the increased likelihood of subsequent unplanned pregnancy, high fertility, and dependency on social welfare services (see Hayes, 1987), perpetuating what has been referred to as the "cycle of poverty" (Wilson, 1987) and deprivation. Some of these findings and assumptions about teenage childbearing are being questioned in light of new research internationally (Furstenberg, 1991; Geronimus, 1987). For example, it has been shown that maternal age and the availability of reliable social supports are important variables in reversing the cycle. In this regard, work in Jamaica (McNeil et al., 1990) provides evidence that teenage childbearing does not inevitably lead to multiple childbearing, underachievement, and deprivation. McNeil and others have shown that providing teen mothers with appropriate social supports—for example, continuing education opportunities, child care, and reproductive health counseling and services—in a timely manner, can reverse the trend. The sequelae of early childbearing for mothers and their children is also dependent on maternal age at first birth. Teenage mothers who are older than 17 years when they have their first child are more likely to maintain a relationship with the child's father, to delay subsequent childbearing, to be more educated, and to earn a better income than younger teen mothers (see Russell-Brown, Engle, & Townsend, 1994).

It has been suggested that many of the social problems associated with teenage childbearing derive from the fact that early out-of-wedlock childbearing represents a disruption of an expected sequence of events (Boxer, 1992). Modern Barbadian society, like most other in the Caribbean, assumes that each teenager will graduate, at least from high school, enter the work force, marry, and become a parent. These expectations are internalized by teenagers themselves (see Jagdeo, 1984). The reality, however, does not always match the aspiration or expectation. Motherhood for about one third of teenage girls in Barbados begins while they are in their teenage years. For many teenage mothers, the pregnancy occurs during their 4th or 5th year in high school or sometimes earlier. Early off-timed parenthood may, therefore, be regarded as an accelerated role transition. It represents variation in the expected process of transition to parenthood.

Boxer also argues that role transitions that are off timed or off sequence interfere with such later life events as advancement at work or provision of economic support for family members. In the majority of cases of teenage childbearing, the teenage mother, who is generally unmarried, returns to the home of her parents or a relative after the birth of the baby. The birth of the first baby is, however, only the first step in the process to motherhood. As many as 40% of young mothers do not receive child support, and even if they receive economic support from the fathers of their first child, the contribution is limited in amount and frequency by the fact that, in general "child fathers" are employed in low-paying jobs (see Russell-Brown et al., 1994). In the absence of financial contribution from a male partner, or consistent financial support from the father of her child, the young woman must take on the dual role of care giver and provider, for which she is rarely prepared.

Child rearing practices of teenage mothers remain relatively unexplored. In real terms, what do early childbearing and the associated accelerated role transition mean for the social and economic well-being of women and the socialization of their children? Most of the anthropological and sociological studies of Caribbean family forms in the past 50 years, notably Clarke in Jamaica (1957), Simey (1946), the early work of R. Smith in Guyana (1956), and more recently Dann in Barbados (1987), have analyzed Caribbean families from a structural-functional perspective. The structural-functional framework, based on the nuclear family ideal, perceives the absence of a resident father as a sign of a weak family structure. Analyzed from that perspective, the majority of Caribbean families are assumed to be dysfunctional and, as depicted by Moynihan (1965) in his analysis of similar family patterns observed in the United States among the African-American community, "a tangle of pathology." By implication, therefore, out-of-marriage childbearing, especially by teenagers, would represent an even more adverse form of this deficit model.

Recent gender-based analysis of family formation has highlighted at least one limitation of the earlier research. What structural-functional-based analysis has failed to do is to clarify how women and children in nonnuclear families have survived without the presence of a husband or father in the home. Women's survival in economically difficult environments has been attributed to the use of one or a combination of strategies. Among these is reliance on the friendship and kinship network. *Kin* is used here in its broadest context to connote biological as well as social "family," individuals related by marriage or communal residence, and individuals with similar intentions (see Barnard & Good, 1984; Stack, 1974). Over the years Caribbean women, and indeed women across the diaspora, have used kinship networks, by themselves or in association with other survival strategies, to achieve the autonomy they seek. The shifting or informal adoption of children by members within the kinship network is one means to that end.

Several aspects of the practice of child shifting in individual countries in the English-speaking Caribbean have been commented on in the literature. Clarke (1957) observed the forms in Jamaica, and Brody (1978) and Roberts and Sinclair (1978) have written about it in the same setting. Rodman (1971) commented on child sifting in Trinidad, as did Smith (1956), in what was then British Guiana. Roberts and Sinclair found child sifting to be more common where the mother's socioeconomic resources were limited and among women in unions with nonresident partners. Brody, in his analysis of the meaning and value of the first pregnancy for working-class women in Jamaica in the 1970s, reached the conclusion that shifting of the first child is most likely if the mother regards the grandmother as an appropriate child rearer, and if the new mother maintains ties with rural relatives who can care for the child.

The practice of child shifting has been used by rural women as they seek social acceptance in urban residential communities. Brodber (1975), in her study of yards[1] in Kingston, notes that "a yard dweller, in the first phases of her cycle, does not see herself as a family woman." She reports finding several women who had sent their first-born child back to relatives in the rural area to be reared.

Women's emotional, as well as economic and social survival, is also very much linked to child shifting. Senior captures the essence of child shifting, its application, and its inherent reciprocity when she notes:

> A childless woman might wish to mother a child and "borrows" one from someone else. Children are sent off to be company to aging grandparents. A lonely older woman requires a companion and takes a child from a large family. Children in need—motherless or homeless—will be taken by relatives or others. Children unwanted in a home because of a new stepfather might be sent away to live with a grandmother, an aunt or the father's relatives. Mothers who are finding it hard to make ends meet in the city to which they have migrated might send their children to stay in the country with relatives and might disperse them in the process. Illness or death of the mother might also lead to family dispersal. (1991, p. 13)

As Senior suggests, the kind of household unit into which many Caribbean children are born and the manner in which these children are raised is largely determined by the social and economic circumstances of the mother. Children born to teenage mothers may find themselves in economically difficult environments because of inadequate and/or insufficient paternal support, high unemployment or underemployment among household members, or for other reasons. Child shifting is seen as one way to reduce the burden on the teen mother, her child, and members of her immediate household.

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[1] The term *yard* or *houseyard* found in the literature is used to describe a cluster of houses of varying sizes and construction types in a defined space marked off from adjoining property by a fence, hedge, or other perceivable boundary. Yards are found in rural as well as urban settings. See especially Austin, 1984; Brodber, 1975; Pulsipher, 1993.

The foregoing overview provides the context for understanding child shifting as practiced by poor women in the Caribbean. It also indicates the universality of child shifting in the region and underscores the existence of common elements to the shifting phenomenon. Much of the existing research on child shifting in the Caribbean focuses, however, on the practice in the larger countries of the region—settings in which distances between rural and urban areas are comparatively large and where there are very distinct boundaries and characteristics between the two areas. This study provides insights into child shifting from a somewhat different perspective. It seeks to explore the extent to which teenage mothers in a geographically smaller and more culturally homogeneous country,[2] who find themselves unable to raise their first-born, disperse them to kin within the family network. This research should also provide a useful addition to the literature as it explores child shifting from the perspective of mothers and young children, who are presumably in the early phase of the shifting cycle. It attempts to show that child shifting is an option that provides the necessary breathing space for a teen mother who has been prematurely thrust into the parenting role, and that, because of the pattern of shifting, the negative implications for the socialization of parents and children are minimized. Finally, and most significantly, unlike much of the existing literature, this research provides a dynamic view of child shifting—albeit over a relatively short period of time in the life of teen mothers and their first children.

STUDY DESIGN AND METHOD

The research reported here is one component of a longitudinal study of teenage mothers in Barbados that set out to identify the sequence of events following the birth of their first child. All teenagers (younger than 20 years) who gave birth to their first child at the Queen Elizabeth Hospital (QEH) during an 18-month period in 1983–1984 were recruited into that study. The Ministry of Health estimates that more than 80 percent of all births annually occur at the QEH. Teen mothers and their target children were followed up three times between recruitment into the study and during 1991–1992.

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[2] Barbados, a small country with approximately 166 square miles in area, has an estimated population of 256,000. With its small size, high population density, and good network of roads, urban-rural differences are not pronounced. Over 95% of the population is black. School enrollment at the primary level is virtually universal, resulting in an almost 100% literate population. Barbados has a natural growth rate of 0.8%. Total fertility rate is 1.7, and the birth rate is 16 per 1,000 population. With an infant mortality rate of 11.8 per 1,000 live births, it is comparable to Canada and the United States. By World Bank estimates, women make up about 43% of the total workforce.

A multiple-methods strategy that combined quantitative and qualitative methods was used to collect data from mothers at the outset and at follow-up contact. The quantitative approach provided succinct, easily aggregated data that are standardized; for example data on employment and income, and other life-course histories of the teenage mothers and their children. In contrast, the qualitative interviews (conversations) allowed an understanding of the point of view of the women in a way that was not predetermined or restricted.

Forty percent of the original cohort of just over 700 teenage mothers was contacted in the third round of follow-up interviews. A subsample of 50 mothers was selected by intensity sampling strategy to participate in in-depth qualitative interviews. The advantage of the sampling strategy was to select "information-rich cases that manifest the phenomenon intensely but not extremely" (Patton, 1990, p. 171). A total of 303 structured interviews and 46, or 92%, of the 50 qualitative interviews were conducted over a 6-month period (September 1991 and January 1992).

The survey provided information on the women, the composition of their present households, and their relationship with individuals within that household. The survey interviews were conducted by a team of six trained interviewers, and generated information on the target children, children's relationships with their fathers, and changes in residence patterns for each year from birth to the present. A special team of three skilled interviewers conducted the qualitative interviews/discussions. Each qualitative interview was completed within 4 weeks of the survey. Discussions with women were guided by an interview schedule constructed for the purpose. Questions covered various aspects of women's lives (employment, child care, residence history) and the child's life (residence history). The guided discussion was, however, flexible enough to allow women to tell their own stories.

The results of the quantitative component of the study have been published elsewhere (see Russell-Brown et al., 1994). This chapter will focus on the residence history of the 46 mothers and their children—subjects of the qualitative research. It will assess the relationship between social and economic factors and child residence patterns. The names of the mothers and children, when reported, have been changed to maintain anonymity.

ANALYSIS OF THE FINDINGS

Residence Patterns: Mothers and Their Children

The 46 mothers can be classified by residence pattern into three types: the "nonmovers," the "movers," and the "shifters." The nonmovers represent the majority (59 percent). They resided continuously in their homes of origin for the entire 8 years. The movers represent the smallest group (eight mothers). They relocated, within Barbados, at least once since the birth of their first child. They always moved with their children. The third group of 11 mothers are the true shifters.

The residence behavior of the subsample of mothers selected for the qualitative interviews is comparable to that of the 303 women surveyed at the third follow-up contact. Results of the quantitative interviews indicate that 63 percent of the 303 women had continued to reside at the same address for the 8 or so years since the birth of their first child. One in four had changed her address once, and 12% had moved a total of two times or more.

As for the children, as many as 76% of the 46 always lived in the same household with their mothers, leaving only on specific occasions, such as to spend a summer vacation or to sleep over with the other parent or with a grandparent. Note that this mother/child coresidence rate is lower than the 88% observed in the larger sample of mothers. Each of the remaining 11 children (24 percent) had lived in at least one other household (separated from the mother)—some in as many as three different locations during their lifetime.

The shifting rate observed in this study is higher than that reported by Roberts and Sinclair (1978) and by Dann (1987) but comparable to Powell's (1982b) findings. Roberts and Sinclair estimated from a survey conducted in Jamaica in the 1970s, that about 15% of the population under 15 years old are shifted. In a more recent study of men in Barbados, Dann reported that 15% of the men were raised by neither their mother nor father. He notes that "they were usually raised by a relative, such as an aunt, or grandmother, and occasionally by just a friend of the family" (1987, p. 8). By comparison, Powell's study of teenage mothers in Jamaica revealed that as many as 33% of teenage mothers had been raised by their grandmothers or other relatives. It is conceivable that the differences in dispersal rates are artifacts of research design. One should not rule out, however, the effects of national social and economic conditions. Downturns in the economy of Barbados since 1985 have influenced employment rates and individual earning power (see, among others, Williams, 1990). To the extent that poverty at the family level and child shifting have been linked, the apparently higher rates of child shifting observed in the 1991–1992 study may be a marker for poor economic health nationally.

CHILD SHIFTING—ITS UNIQUE FEATURES

Characteristics of Children Shifted

The 11 children shifted—6 males and 5 females—were between 7 years and 9 years old at their last birthday. They had lived apart from their mothers for varying periods of time between birth and the third follow-up contact. Ten were shifted once; one was shifted 3 times. The children were more likely to be shifted between birth and 2 years old, or when they were 5 years or older. The youngest case of shifting was a child younger than 1 year old; the oldest case was 7 years old. For some of the children it was very easy to classify the age at which they were shifted; for others this classification was not as clear. For example, between birth and age four years, Kevin lived "between his grandmother and his mother." He would spend weeks at a time in the care of his grandmother and would return for short periods to live with his mother.

Duration of Mother–Child Separation

There was no pattern to the length of mother–child separation. Separation was as likely to be extended as to be brief. The shortest separation was less than 1 week, as in the case where the mother had relinquished regular child rearing responsibility but saw the child on an almost daily basis. The longest reported separation was 3 years. One thing seems sure: The shifting of children was not intended to be permanent; rather, it was a means to assist the mother and/or child to overcome a period of hardship, or to do what in the mother's judgment was best for the child. The following excerpt substantiates this conclusion:

> [The child] was born in Shop Hill, but when I move to Rock Hall he stay in Shop Hill. It was too much of a hustle to carry him back and forth from Rock Hall to Shop Hill. It was better fo' him to stay in Rock Hall. Plus I live between the two places anyway. My sister look after him for those three months. She wanted to look after him as well as my friend little boy.

This child was about 3½ years old when his aunt assumed temporary responsibility for his care.

Then there was David, whose mother was 18 years old when he was born. David lived with his mother in the home of his maternal grandmother until he was 5 years old. Mother and grandmother "couldn't get along," so David and his mother relocated to the home of David's paternal grandmother. That living arrangement was short-lived. After 6 months David was returned to his maternal grandmother "for a short while, until

I [mother] was financially able to take him back." At age 6 David resumed residence with his mother, his father, and his younger sister in their own home.

Decision-Making about Child Shifting

A question that is commonly asked is: How is the decision to transfer child rearing responsibility made, and who makes the decision? There was no standard, but unlike in the findings of other studies reviewed, here fathers were very involved in the decision-making and the outcome. In five of the 11 cases of shifting, kin had offered assistance. In all but one case, the child was shifted to the father or his family. In four of the cases, child shifting negotiations were initiated by the mother after consultation with the child's father. In two cases the mother, on her own, initiated and finalized the shift.

Interestingly, some children seem to be shifted by default. For example, Jenna, now almost 9 years old, was born to a 15-year-old mother. She had lived with and was cared for by her paternal grandmother since she was 2 years old. Jenna's mother reports that "she always like her grandmother. One day she sleep over at her grandmother and she stay over ever since. Is just across the road. I see her everyday."

In other cases the child's opinion or preference is a factor in the decision to shift. For example, Monica's mother had moved out of her family home when Monica was 1 year old, to live with the parents of Monica's father. Her mother moved her back in with the maternal family because "she [Monica] preferred life at the family home." The mother added that Monica's paternal grandfather used to "shout at her too hard." Monica's mother continued to live with her boyfriend and his family.

Reason for Child Shifting

Two broad categories of reasons for changing children's residence have been identified in this study. One category may be called "mother-related" reasons, the other "child-related." Mother-related reasons are centered around mothers' economic or emotional survival. The literature suggests a strong association between mothers' economic situation and child dispersal (Roberts & Sinclair, 1978). Although the small sample size restricts our ability to make such comparisons, we are able to say that none of the mothers was financially well off. The majority of mothers had been employed for varying periods since the birth of their first child, but in general the jobs were low-skilled and low-paying. The mean monthly income for this group of mothers was B$620.[3] Child support from the "child fathers," for the seven mothers who always received it, was only a small supplement. Five of the 11 mothers used child shifting as a means to "make things better."

Intuitively, one might guess that because child shifting is linked to survival in poor economic circumstances, the presence of a network of government services would eliminate its occurrence. The case of Barbados, where a broad range of social services and benefits are available to mothers and their children, does not support this notion. In 1991–1992, when the research was conducted, women and their children under 16 years in Barbados were eligible for several types of government assistance and welfare benefits. They could qualify to receive food vouchers, in-kind assistance, and, in special circumstances, housing assistance. Free health care was available at all government clinics and health centers, as was dental health and vision screening for school-age children. Other social services included subsidized school bus service, book grants for all students at the primary and secondary level, and a school meals program in select primary schools.

In a country that offers such an extensive range of support services, why would child shifting be relied on for economic survival? The study subjects provide us with three possible explanations. First is the strong ethic of self-reliance among women in Barbados. There is the notion that reliance on the government is not an acceptable route to independence: "It [is] better," more than one mother said, "fe depend pon yu family than pon de government." Perceived social stigma is another factor that influences the use of social services. All mothers knew about the available social services and benefits. However, they had only used those that are, in their view, less stigmatized—health care for themselves and their children, and education-related services for their children. The third, and perhaps the most important, reason that child shifting may be relied on for economic survival is the fact that the available social services do not address the set of needs of young mothers that manifest in dispersal of their children. Social services do not, for example, address the need for job training, for improved salaries, for jobs/employment that offer flexible working hours and child care benefits. Available social services do not offer the kind of child care benefits available from members of the kinship network.

The child-related reasons teen mothers shift their children are based on mothers' perceptions of benefits that will accrue to their children. Children are shifted in order to protect them or to enhance their lives socially. The case of 7-year-old Nicole, sent to live with her mother's sister because, as the mother reports, "she used to play too much when she was with me....She will study more if she is away from the other children in the area," indicates the use of shifting to enhance the child's life options. Through shifting, children were also protected from exposure to unhealthy influences and from psychological abuse. In one case a child was shifted out of an environment in which there was domestic violence (wife beating), and in another case the mother's current partner objected to having the child in the same household because the child was an "outside child." In other words, the mother's new partner was not the biological father of her first child. The new partner, besides not wanting to assume financial responsibility for his wife's first child, perceived the child as a threat to his relationship with the mother. The child's presence in the home meant that his own father would always have a reason to visit the home.

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[3] The approximate exchange rate is B$2.00 = U.S. $1.00.

IN THE AFTERMATH

Who Assumes Child Rearing Responsibility

To whom are children shifted? This cohort of young mothers relied on a kinship network that is very narrowly defined. The network was restricted to maternal or paternal grandparents, the father, and siblings of either the mother or father. This finding conflicts with results from other studies that report dispersal of children to what Stack (1974) defines as fictive kin—a more broadly defined network of kin relatives, for example, kin related by biology, by marriage, or merely individuals involved in nurturing and upbringing of small children (Barnard & Good, 1984).

In this group of teen mothers, the kinship network was limited to immediate family or in-laws but was not restricted to local kin. Relatives overseas are an important resource. One child, for example, resided temporarily overseas. The mother reported:

> Tamara live here with me. She left when she was 3 to go to Canada. She came back at 6 and left again last year when she was 8. Her father look after her. She also live with her grandmother in Canada. She [Tamara] came back to Barbados because her grandmother and father work in the night.

Birth Mothers' Experience of Child Shifting and Its Effects

This study explored mothers' perceptions and feelings about their decision to relinquish care for their first child. The mothers did not readily relinquish their maternal responsibilities. As many of them stated, "a child should grow with his mother." They were all pained to be separated from their children.

However, they were pragmatic enough to recognize and accept that there are times when a mother needs to make difficult choices in the hope of improved outcomes for her child. One mother summed it up this way:

> You know, it is like you have to build a house and you have a problem with the money...you go to the bank for help. It's better than trying on your own. That will take you forever. Sometimes you need help with your children. You go to someone for help. You go to those you know can help you better than you can help yourself.

These reports run counter to Brody's conclusion that the first child born to an unwed mother, "having been greeted with pride at the end of an unhappy pregnancy, and having fulfilled its function as a symbol of her fertility, can now be easily passed on—either to its maternal grandmother, or ...to one of its father's relatives" (1978, p. 106).

Most of the mothers in this study who had transferred child care responsibilities worried about their children, meaning that they had "longings" to see or be with the child. For the majority, the separation was bearable only because it was expected to be temporary, and it was ultimately in the child's best interest. In a few cases the fact that the mother could continue to have access to the child as "he is just across the street so I see him every day" was an important factor.

Mothers had no specific fears that their children would be socialized differently in the new family environment. Mothers who had shifted their children to improve the children's well-being or their educational opportunities had no such fear, as those considerations had been factored into the decision-making. More than half of the mothers were confident that the values of the new caregiver would be compatible with their own, and, in any event, they felt that the surrogate mothers were competent because they "have the experience of raising children." Two mothers admitted that the alternate caregiver, in both cases a grandparent, would "spoil" the child. Such indulgence was not judged to be excessive, and because "a little spoiling don't hurt anyone," the mothers were comfortable with the arrangement.

PREDICTING CHILD SHIFTING

Finally, are mothers who shift their children different from those who do not? In our study we were able to compare mothers who shifted their children with two other groups of mothers: mothers who had moved from their homes of origin taking children with them (movers) and mothers who had remained with their children in their homes of origin (nonmovers). Some summary data are provided in Table 9.1.

Table 9.1 Selected Characteristics of 46 Mothers Participating in Qualitative Interviews by Residence Type

	Residence Type[a]		
	Nonmovers	**Movers**	**Shifters**
Number of mothers	**27**	**8**	**11**
Mothers' Age at first child (mean, years)	16.3	17.4	17.5
Fathers' age at first child	23.3	24.7	21.5
Current union status			
Married/common-law	9 (33%)	4 (50%)	3 (27%)
Single	18 (67%)	4 (50%)	8 (73%)
Has other children			
No	6 (22%)	1 (12%)	–
Yes –1	14 (52%)	5 (63%)	7 (64%)
–2+	7 (26%)	2 (25%)	4 (36%)
Mothers' education			
Completed high school	25 (93%)	7 (87%)	10 (91%)
Beyond high school	5 (18%)	2 (25%)	4 (36%)
Mothers' employment			
Ever worked	27 (100%)	7 (88%)	11 (100%)
Working now	12 (44%)	3 (37%)	5 (45%)
Mean number of jobs	3	2	3
Mean salary (B$/mth)[b]	580	540	624
Receives child support			
always	17 (68%)	4 (50%)	7 (64%)
sometimes	4 (15%)	2 (25%)	3 (27%)
never	4 (15%)	2 (25%)	1 (9%)

[a] Nonmovers are mothers who remained with the family of origin; movers relocated with children; shifters and their children periodically live in separate households.

[b] The approximate exchange rate is B $2.00 = US $1.00

Mothers who shifted their first-born children were on average one year older, were more likely to be not married or to be cohabiting with a male partner, had higher than high school education, and earned higher salaries than women classified as nonmovers and movers. In comparison to mothers who relocated and mothers who shifted their first child, mothers who had remained in their families of origin were about one year younger when their first child was born, were more likely not to have other children, and always received child support. The women who were classified as movers were more likely than other mothers to have their first child by an older man and to be married. Employment patterns for the nonmovers and shifters were comparable. While mothers who moved were more likely than shifters and nonmovers to have never worked, the employment situations for the three groups of women were equally tenuous.

While it is not possible to predict shifting behavior from these data, they do suggest shifting as one possible route to autonomy for teenage mothers. The results point to the fact that one set of mothers shifted their children, and another set moved away from the family home, taking their children with them. If there is a difference between young mothers who temporarily shift child rearing responsibility for their first child and those who relocate taking that child, it is that the latter group has the means to keep the family—child and parent(s)—together. As indicated by their response to why they had moved, the necessary means may be achieved either through marriage (legal or common-law) or through house or property ownership.

DISCUSSION AND RECOMMENDATIONS FOR FUTURE RESEARCH

Discussion

Teenage childbearing, especially by the unmarried, is often presented in the literature as the inevitable source of numerous pathologies. Poverty, unemployment, and dependence on public assistance are only a few of the consequences for teenage mothers and their children that we have come to expect. While there is no question that the birth of the first baby to the group of teenage mothers in this study resulted in hardship for the mothers and their respective households, the results do not support the inevitability of social pathology for teens who bear children. The vast majority of teenage mothers in this study had completed their high school education, and as many as one in three had received additional education, that is, education beyond the high school level. With few exceptions, the mother had been employed, albeit in low-paying jobs, holding an average of three jobs in the 7- or 8-year interval since the birth of their first child.

This study also indicates a group of young women who were reluctant to rely on public assistance to overcome their hardships. Instead, they chose to tap into a social support system that for them is culturally more acceptable; they relied on an existing kinship network. In the context of shifting, teen mothers and their family members jointly assumed the dual roles of caregivers and providers —underscoring the flexibility and fluidity of family and individual roles in this cultural setting. By undertaking these roles, families facilitated as well as supported teen mothers' efforts to gain autonomy, a goal that Barrow (1986) notes is encouraged from an early age for women in Barbados.

The study also indicates clear social and economic advantages to child shifting. From the teen mother's perspective, the temporary reassignment of child rearing responsibilities enables her to handle better the transition from the role of student and teenager to that of mother/parent/provider. The mother, relieved of the day-to-day child care responsibilities, is better able to complete and/or continue her education, to become employed, and to seek more lucrative employment. One economic advantage is that, unlike her counterpart, who may rely on the formal or established child care services, the mother who shifts her child does not have to make direct cash payments for the service.

The child also benefits. S/he can be cared for by family members rather than by strangers in an institutional day care environment. The practice, therefore, has important implications for socialization. Socialization is the process through which an individual learns the rules of society. In this regard, the family, the basic unit of every society, is considered the principal agent in this process. Family in the Caribbean context is broadly defined. It not only includes biological parents and siblings, but also encompasses other individuals related by blood, by marriage, or by shared circumstances. If teenage childbearing has negative outcomes for children because of the age of the mother and her consequent inability to parent adequately, surely the shifting of the responsibility for child care to adults who are better equipped because of their age, social circumstances, and demonstrated experience must be a better option for the child than remaining with a young, inexperienced, and financially dependent birth mother. Further, if the boundaries of shifting are restricted to immediate blood relatives or in-laws, as observed in this study, one could assume that children will be socialized in ways that are compatible with values of that specific family. These values are very likely to be similar to those that the birth mother would instill.

Finally, it is necessary to consider the fathers and their role. Fathers are generally portrayed in Caribbean sociological literature as irresponsible and uncaring. This study shows fathers in a somewhat different light. They appear to be concerned about the welfare of their children to the extent that they are involved in decisions to shift them to more helpful or nurturing environments, and they sometimes take on child rearing responsibilities themselves.

In spite of the inherent advantages of child shifting, it cannot be relied on to address all the social and economic needs of teenage mothers. The study results show that although mothers who had shifted their first child were more likely to have received more than a high school education and were higher wage earners, they were just as likely as other teen mothers in their age cohort to be unemployed and not to receive child support payments. This is clear indication of the need to have available to all young mothers a range of culturally appropriate supports and services that complement child shifting.

Future Research This study validates many aspects of child shifting behavior reported in the literature, but it also offers new insights into the practice of child shifting and raises new issues and concerns. It would be valuable, for example, to explore the structure and content of kinship networks and to determine whether there is a correlation between network structure and content and pattern of child shifting. In this regard, also, it will be useful to identify, especially in countries where there is a strong welfare system, the families or networks more likely to receive children, and their characteristics.

A second area that warrants exploration is the effect of shifting on children's social and cognitive functioning. Child shifting, regardless of its benefits, does represent a condition with potential for discontinuity in child care and child rearing. Even in a small country like Barbados, with a well-developed communication network that facilitates frequent contacts between mother and child, the effect of that discontinuity on the child needs to be studied.

Third, we need to have a better understanding of the costs associated with child shifting. In theory, children are shifted to new destinations with the expectation of the highest net gain for mothers and children. However, we are not sure about the inherent costs (including psychic costs) of shifting to the mother, the child, and receiving kin.

IN CONCLUSION

The practice of child shifting addressed in this chapter is informal in nature. No official records exist, and the universe is restricted to women who were recruited into the study. The limitations that these conditions impose on the research are obvious, and under the circumstances one must be cautious in reaching conclusions. The research does provide, however, some specific clues about the extent of child shifting among women who had their first child as teenagers and about its value in role transitioning. Some of the conclusions reached here are comparable to those reported in the literature; others contradict previous findings. In general one can conclude that:

1. The network of kin relations on which a first child of a teenage mother in Barbados is shifted is more narrowly defined than was suggested by previous studies. Children in this study were shifted only to kin related by biology or by marriage.
2. Gender of the child is not a predictor for shifting. Female children were as likely to be shifted as male children.
3. Fathers play a significant role in the process of child shifting. They act as advisors in the decision-making process, they assist in making arrangements for their children to be shifted to members of their family, or they assume child care responsibilities.
4. Periods of mother-child separation are variable, ranging from as little as a few days to as much as 3 years. Separation is not indefinite.

5. The shifting of children is not haphazard. Two peak shifting periods were observed: when children are 0 to 2 years old and when they are more than 5 years old. The former period coincides with mother-related reasons for shifting, the latter with child-related reasons.
6. Child shifting is a strategy employed to assist mothers to navigate socioeconomic and domestic hardships, but shifting is also pursued in the interest of children—to provide them with protected, healthy environments that will enhance their physical and mental well-being.

The attention paid to the issue of pregnancy and childbearing among women in their teenage years by Caribbean governments and private institutions in the past two decades is unparalleled. Across the region, public and private sector institutions alike have invested tremendous resources to identify and implement interventions that help teenage mothers cope successfully with life changes arising from pregnancy and childbearing. Although widely practiced in the region, child shifting has generally been viewed as a negative practice and has never been advocated as a viable survival strategy for teenage mothers in the transition to womanhood and motherhood. In an era of economic structural adjustment, and in view of the limitations that such economic policies place on the provision of social services, the time may be right to consider seriously offering public support for the practice of child shifting. After all, the critical factor in reproducing intergenerational poverty is not female headship per se, but economic deprivation in the preceding generation.

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Chapter 10

Issues of Reunification of Migrant West Indian Children in the United Kingdom

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The starting point for any discussion on issues affecting the socialization of migrant West Indian children in Britain entails an understanding of the patterns of immigration of West Indian families to Britain that occurred from the 1950s onward. In a desperate attempt to rebuild her economy after World War II, Britain turned to her colonies for help with manpower, which had been depleted during the war. Unemployed West Indians responded to the recruitment drive for labor in what was considered the "mother country." Some were ex-servicemen who found that on return from the war, the economic conditions, especially in Jamaica, had so deteriorated that it was impossible to find any form of employment;

there seemed no alternative but to return to Britain. Others regarded migrating to Britain for a period of time as an opportunity to improve their educational and economic status.

Between 1948 and 1955 the flow of immigrants was encouraged by reports of job opportunities by friends and relatives and through recruitment of workers, particularly from Barbados, by the London Transport Executive, British Hotels and Restaurant Association, in conjunction with the Barbadian Immigrants Liaison Service (Rose, 1969). During this period the passing of the McCarran Act virtually closed the door on mass immigration to the United States, which may have redirected some immigrants to Britain. The British government's introduction of the Commonwealth Immigrants Act also speeded up the influx of migrants to Britain.

Upon arrival, many of the West Indians envisaged their stay in Britain as temporary (Glass, 1960), and therefore had not planned on having their families join them, but as the years passed, the vision of returning home faded, and they stayed on. The agitation in 1968 by Enoch Powell, a notable politician, for immigration control and repatriation of West Indian migrants seemed to galvanize immigrants into action, and there was feverish haste to "beat the ban" to ensure that their families and friends could join them in Britain. Thus, the Commonwealth Immigrant Act (HMSO, 1962) led to a dramatic increase in the number of dependents and relatives who came to Britain in the late 1960s (Peach, 1968; Rose, 1969).

From the beginning of West Indian migration, there was a high proportion of women among the immigrants, but the pattern that finally emerged showed that men migrated first to secure employment and housing before their partners followed. The latter arrived with one or more children. Most children, however, were left with grandmothers, aunts, and other adults within the extended family. It was estimated that during the peak period of the migration, 1953 to 1956, 162,000 individuals came to Britain of whom 52% were men, 40% women, and 8% children. Adults who left the Caribbean between 1955 and 1960 took 6,500 offspring with them but left 90,000 behind (Lowenthal, 1972).

A majority of the emigrants were from the lower socioeconomic groups from the various islands and Guyana. Some were skilled and semiskilled, while a minority were nurses, teachers, and clerical workers. As the emigration progressed, there was a steady increase of workers from rural areas of the Caribbean. Most of the emigrants settled in cities and got married there. They faced discrimination, and encountered other problems stemming from inadequate housing, difficulty in finding employment, and barriers in securing places for their children in school.

REALITIES OF IMMIGRATING TO BRITAIN

In the West Indies, the mobility from working class to middle class was attainable for some on the basis of education. For instance, those who went to Britain to study on scholarships returned to the West Indies with impressive professional qualifications and were able to obtain rewarding jobs. Thus, it seemed quite plausible that children of immigrants to Britain would be in an advantageous position to profit from the British educational system. It was reasoned that educational status would eventually lead to good professions that would help low-income West Indian children break out of the cycle of poverty.

Many West Indians of the lower socioeconomic group were sadly disillusioned with their way of life in Britain and with the lack of educational opportunities for their children. The educational experiences of their children did not live up to expectations, and some children dropped out of the process because of adjustment and transitional difficulties associated with living in harsher inner-city environments. Racism and discrimination added to interpersonal problems as children negotiated their way through daily life in the family and at school. Some of those families who were able to achieve their preemigration goals were assisted through membership in black-led nonconformist churches, where they felt a sense of belonging. The professional and middle-class West Indians, although not exempt from racial discrimination in Britain, had been Europeanized during the postemancipation and colonial periods through education by white English teachers (Braithwaite, 1970). They appeared better able to cope with the resocializing of British educational and religious systems.

Families also encountered difficulties in locating adequate child care services, tapping into support networks, and acquiring economic support in their relocation to Britain. In the Caribbean, many children spend their formative years with significant other kinship and nonkinship members through child shifting, and Caribbean women have demonstrated remarkable resourcefulness in exploring and adopting strategies for coping and survival under difficult social and economic conditions, but in Britain families were economically and socially stranded. In the absence of formal government efforts to assist West Indian families to resettle, families drew on their indigenous cultural strategies to cope with and survive in the new environment (Ellis, 1985). Some relied on relatives and friends for support and accommodation and on their own limited resources (Bryan, Dadzie, & Scafe, 1985). Others with no support networks in their own ethnic group sought the help of social services to find residential nurseries or found "child minders" on their own to care for their children.

FACTORS INFLUENCING THE REUNIFICATION OF MIGRANT WEST INDIAN CHILDREN TO BRITAIN

Attachment, Loss, and Reunification

Perhaps the most obvious problem that West Indian migrant parents face in the socialization of their children is the nature of the attachment relationship between parent and child when reunified after a long period of separation. As noted earlier, during periods of migration a significant number of children did not accompany their parents to Britain, and even today serial migration continues, with children remaining in the care of grandparents and other relatives in the Caribbean for unspecified periods. Some children are separated during infancy and early childhood, while others are separated during the adolescent years. Of concern here are the child's relationship with the surrogate caregiver during parental absence, mourning the temporary loss of the initial attachment figure, and the reestablishment of ties to biological parents during reunification.

Several theorists and researchers (e.g., Ainsworth, 1989; Bowlby, 1982; Isabella & Belsky, 1991) have argued that strong continuous affectionate relationships between mothers and children are essential to healthy personality development and the ability to develop healthy relationships with others. The sizable attachment literature suggests that secure attachment relationships to consistent, warm, and predictable caregivers are linked to peer relations in the preschool years (Matas, Arend, & Sroufe, 1978), to attachment classification during middle childhood (Main & Cassidy, 1988), to literacy skills (Bus & van Ijzendoorn, 1988), and temperamental differences in infants and mother-child interactions (van den Boom, 1994). Related data suggest that maternal deprivation is linked to psychopathology (Bowlby, 1951; Crawford-Brown, this volume) and that psychopathy is linked to multiple changes in the maternal figure; that the failure to form attachment bonds to a particular individual is more important than the temporary disruption of an affectionate bond to a significant caregiver; and that there may be a "sensitive period" during which children need to form attachments to caregivers (Rutter, 1972).

The initial loss of the attachment figure and the reestablishment of ties to biological parents may pose persistent problems for young children. In numerous cases, children might not have been prepared for the separation from their biological parents. Many children mourned silently for their parents in the absence of any counseling or adjustment help. Some studies of West Indian migration to Britain (Robertson, 1975) reported that the mean length of separation from parents was about 5.2 years. During periods of separation children became attached to those who had comforted and cared for them during their formative years. Usually, the caregiving role was accomplished by grandmothers and other relatives. Beyond anecdotal accounts, however, the nature and quality of relationships of children and relatives during periods of separation is largely unknown for West Indian families.

Upon reunification, children experience a range of difficulties in adjusting to the demands of parent-child relationship in a new cultural environment. When reunions did occur, parents expected that their children would be happy to join them, disregarding any possible rejection they may have encountered from them. Many parents were acutely disappointed with the outcomes of reunions as children were frequently confused, resentful, or withdrawn, rather than being grateful for and delighted by the reunion as parents may have expected (Cheetham, 1972). Rejection may have stemmed from "acute anxiety, excessive need for love, powerful feelings of revenge and, arising from these last, guilt and depression" (Bowlby, 1951). There was also the issue of mothers feeling closer to offspring who had been born in Britain and never separated from them. Mothers struggling to reconnect with their children performed their parental duties, but often with little warmth and affection (Robertson, 1975). They quickly became aware of the depth of transitional difficulties. "The difficulties of transition do not end when parents and children are reunited ... the parents may have also missed the children's formative years, but when the children arrive, the parents must undertake the parental roles. This often results in conflict around family relationships, communication and the discipline of children especially when they clash with the new culture" (Sewell-Coker, Hamilton-Collins, & Fein, 1985).

In Robertson's (1975) work on the quality of relationships between mothers and their reunited children, it was found that if the maternal bond was strong before separation, maternal interest and affection did not seem to wane appreciably, and children related to parents more easily. The older the reunited children and the more discrepant in age siblings were, the better the relationship with mothers. The younger the reunited child and the closer in age his/her siblings were, the more difficult it was for children to relate to mothers. Apparently, older offspring who are close in age require less attention and may not compete for the mother's undivided attention.

Parenting

Without doubt, reuniting with their long-separated children constituted a major change in the lives of families who had been adapting to the culture of their new environment. Feeling guilty about leaving their children behind, mothers attempted to make good the loss of the opportunity to care for their children and in some instances were very protective of them, as they were living in a new environment where discrimination was rife and life was difficult. Mothers were inclined to be rigid and inflexible in their attitudes and left little room for reunited children to deviate from expected behavior (Robertson, 1975). Mothers who were less warm and affectionate set higher expectations for their children and themselves.

At the same time, mothers who were rigid and inflexible were the least able to build satisfactory relationships with their children. They stressed adherence to principles that they considered important, such as implicit obedience to parents, respect for older people, honesty, and speaking the truth. In addition, they replicated the strict discipline of their own mothers back in the Caribbean, suggesting that it had stood them in good stead and helped them to survive in Britain's harsh and discriminatory society (Robertson, 1975). These mothers drove themselves hard and treated their children in the same way, seldom entertaining any alternative ways of reacting to the new situation of accommodating a new child who in every respect was a stranger. With this mind-set, they were anxious for their children to perform well in school and wanted to help their children to avoid contact with the police, who could exercise power over them indiscriminately (Robertson, 1975).

Because reunification occurs in the absence of adequate social support and counseling, parent-child difficulties often remain unaddressed. As is discussed in chapter 12, West Indian immigrant parents enter therapy through their children's problems at school or in the community. This state of affairs, coupled with the lack of understanding of the family dynamics of West Indian immigrant parents and the possible inappropriateness of traditional methods of therapy, place families at risk for stress and maladjustment. Indeed, a majority of West Indian parents struggle with their reunited children unaided by counseling services, and a disproportionate number of children are in the care of local authorities (see Lambert & Rowe, 1973; Munroe-Blum, Boyle, Offord, & Kates, 1989; see also Rutter, Yule, Berger, Yule, Morton, & Bagley, 1974).

Among the most common clinical problems seen in West Indian immigrant families is severe depression in mothers. In particular, "mothers were found to be depressed and suffering from the loss of their own mothers, who they felt would normally be carrying out the child rearing function that they themselves had to share with the role of economic provider. These families were characterized by highly restrictive lives and had been able to share little of the new world that they had been living in with their children" (Gorrell-Barnes, 1977). Mothers were overwhelmed by their own feelings of despair, and shared little with their children out of deference to their own Caribbean upbringing, where children are traditionally not included in family discussions which are considered matters for adults (Senior, 1991).

While it has been unstudied among West Indian families, the impact of depressive illness on the parenting process has been highlighted in studies of North American families. More specifically, depressed mothers show extreme disengagement—slouching backward in chairs, often turning away, and speaking in expressionless voices during interactions (Cohn, 1993); they display negative facial expressions and share negative affect (Field, Healy, Goldstein, & Guthertz, 1990); and they are slower to respond to infants' vocalizations (Bettes, 1988). Children raised under these circumstances are prone to being antisocial (Zahn-Waxler, Cummings, & Radke-Yarrow, 1984), and at risk for developing other behavioral disorders (Rutter & Garmezy, 1983).

Not unexpectedly, West Indian immigrant children encountered behavioral and social difficulties in the process of learning to become integrated into their family. After reunification, some children become either passive, or attention-seeking and rebellious. They sometimes steal from family members and, confronted with feelings of sibling jealousy and grief, they fantasize about running away from home (Graham & Meadows, 1967). Nicol (1971), studying referrals to a London child guidance clinic, found that many more girls of West Indian origin than white girls were referred, and those who had been born in the West Indies displayed more antisocial behavior than did referrals born in Britain. While the proportion of West Indian children who are disturbed and living in the community is not clear, it was observed "that for some specific but unknown reason, girls fare very badly when subjected to this migration process ... the usual experience has been to find that girls are less liable to antisocial disorders than boys, and this rule holds good among the UK born children in the present study" (Nicol, 1971).

There are diverse factors that may be attributed to girls' antisocial behavior, one of which could have been mothers' expectation that upon arrival, reunited children would assist them with household tasks and in caring for young children, as was the practice in the Caribbean (Massiah, 1982). In low-income Caribbean families, gender roles are clearly defined: Girls care for younger children and perform tasks within the home, while boys help with tasks outside of the home (Senior, 1991). Noticing that their white peers do not have to assume these responsibilities, immigrant girls may have rebelled against performing caregiving and household work. Parents cite that this was often the source of disobedience and ingratitude among girls (Robertson, 1975).

Other problems may have arisen from the possibility that some girls were victims of sexual abuse. The "hurt, pain, confusion, guilt and anger and memories of violence that have been perpetrated toward Black women during childhood" has recently been discussed (Wilson, 1993). And, some (e.g., Bogle, 1987) have warned against stereotyping black women and children as expecting to be abused. Learning about the role of social services, some children have complained to social workers about their unhappiness and the abuse they endure at home and have asked to be placed in foster homes. Again, the exact number of reunited children who approach social service agencies is speculative, and a majority of childhood abuse cases in these families are not dealt with satisfactorily.

Ethnicity and Identification

Over the last decade or so, researchers have taken a closer look at the enculturation process of minority group children in North American and European societies. For instance, some researchers have examined intergenerational conflict in children who live a bicultural existence (Szapocznik & Kurtines, 1985); the primary and secondary enculturative mechanisms in the schooling and social adjustment of immigrant children (see Gibson & Ogbu, 1991; Phinney, Lochner, & Murphy, 1990); the social and cultural experiences of immigrant families (see Greenfield & Cocking, 1994; Pawliuk et al., 1995); and a range of other topics that focus on immigrant families around the world (see Unidad, 1994). Despite these efforts to understand adjustment and the "social ligaments" that bind immigrant families together, there are few systematic attempts to understand identity confusion issues in the offspring of different immigrant groups worldwide. According to Phinney et al. (1990), children in minority groups must choose among the options of assimilation, alienation, separation, and biculturalism in the process of developing ethnic identification. Whether young immigrants continue to negotiate between two sociocultural worlds or choose one of the above options, anxiety and uncertainty remain associated with enculturation (see Dornbusch, Leiderman, Roberts, & Fraleigh, 1987; Spencer & Dornbusch, 1990).

Identity confusion has been observed in West Indian immigrant children in Britain. Maxime (1986) notes that "for some unfortunate Black children their sense of blackness is repressed or carried around as a big heavy secret. Many Black children ... are totally accepting of anything said or done by Whites, while rejecting of anything or anyone Black." Some reunited children struggled with this confusion and rejected their black parents, who in their eyes were unsophisticated and did not come up to their expectations of people who lived in England (interview with black adolescents, Arnold, 1988). Simultaneously, reunited children were disappointed with their parents' economic situation and living arrangements, because they had thought that their parents were quite well off in Britain.

Boys and girls differed in their search for ethnic identity in Britain. In a study of ethnicity and ethnic identity in Bristol, Weinrich (1979) concluded that adolescent girls of Caribbean parentage had more identification conflicts with parents and, overall with representations of their own ethnicity. Boys, on the other hand, manifested high levels of identification conflicts with native whites. As they grappled with their ethnicity, some adolescents spearheaded informal social movements that served to modify parental behaviors and lifestyle; others went far adrift with unresolved identification conflicts (Weinrich, 1979).

School-Related Difficulties

The difficulties of ethnic identity development are often related to problems of schooling. As was alluded to earlier, a strong "attachment helps a child to attain his full intellectual potential, to sort out what is perceived, to think logically, to develop a conscience, to become self-reliant, cope with stress and frustration, handle fear and worry, develop future relationships and reduce jealousy" (Fahlberg, 1981). Many children reunited with their parents were unable to form close emotional ties with their mothers and fathers because of the long separation or because of the inability of parents to integrate the children into the family successfully. Children displayed unhappiness at school, and their schoolwork performance suffered. Similar findings on the link between attachment security and scholastic achievement have been discussed elsewhere (Barrett & Trevitt, 1991).

Reunited children transplanted into a new culture were disoriented and often unsure of what was expected of them behaviorally and otherwise in schools that were less structured than those in the Caribbean. The bewilderment and confusion of black West Indian children were interpreted as signs of stupidity (Bryan et al., 1985). It was observed that "it was the attitude of the teachers which did the most lasting damage. ... Their concept of us as simple-minded happy folk, lacking in sophistication or sensitivity became rapidly accepted. As a result of these attitudes on the part of some teachers a number of children were labeled educationally subnormal and were excluded from mainstream schools and placed in special schools" (Coard, 1971). While less than 1% of English children are enrolled in Educationally Subnormal (ESN) schools, far more West Indian children are placed in such schools (Inner London Education Authority Report, 1971). Some ESN headmasters estimate that about a third of the children in their schools were wrongly placed either because of the inappropriateness of tests or because of the different cultural and linguistic background of children (Race Today, 1973). In addition, the Department of Education and Science seemed oblivious to the fact that West Indian immigrant children came from English-speaking colonies in which the educational system mirrored that of Britain and students followed a curriculum similar to that of English students. Had this been acknowledged, it would have been clear that there were other factors impeding children's learning, rather than an inherent incapability. One such factor is directly tied to the psychological fallout of experiences of attachment and loss, and to the adjustment to a new cultural environment that is hostile to nonwhite children. Many children remember their British schooldays as being very unhappy and uneasy (Bryan et al., 1985) and link such feelings to racial prejudice and ignorance of school personnel, as well as their reluctance to appraise accurately the factors that contributed to their psychological difficulties. This unhappiness reflected in the reasons given for children being referred to child guidance clinics: namely, for uncontrollable behavior and unprovoked aggressive attacks, for being unable to relate to others, withdrawal, and failure to become integrated into the classroom environment (Gorrell-Barnes, 1975). Notice that no mention is made of difficulties associated with acculturation or parent-child relations at home.

STRESS AND ADAPTATION

People from nonwhite ethnic backgrounds living in Britain, particularly those who are black, experience a host of disadvantages related to housing, health, education, and employment. Every day they are subjected to numerous contexts in which the potential for overt racism and prejudice from the indigenous population is present. Further, the absence of extended support for child care and social networking, as well as uncertain availability and economic viability of parents, can add to the difficulty of coping within a racist society. The cumulative effects of these stressors can seriously hamper one's mental health (Littlewood, 1992).

It is worth noting that young black people of West Indian origin born in Britain show higher rates of mental illnesses than their parents (Littlewood & Lipsedge, 1988), and Rutter et al. (1974) have commented on rates of psychopathology associated with rapid and dislocating cultural changes. In the same vein, hospital admissions for schizophrenia appear high among West Indian women (Cochrane, 1977), but there is considerable debate about mental health diagnostic procedures for West Indian families in the face of little attention paid to the impact of severing ties with extended family members and the strategies that women employ in coping with stress in the new cultural environment (Littlewood & Lipsedge, 1982; Rack, 1982). Not only are there questions about the availability of mental health services to ethnic minorities, but also the effectiveness of traditional psychotherapy methods. Kareem (1992), working as a psychotherapist in the National Health Service, observed that patients who were not of European background were often not helped by the kind of psychotherapy that was offered.

CRITICAL ISSUES IN WORKING WITH REUNIFIED MIGRANT FAMILIES

The acculturation and adjustment process of reunification after periods of separation from parents has not received the attention it deserves. Quite often, difficulties with transition are perceived to end when the reunification process ends. Those who work with families who are reunited with their children after migration must consider the multitude of issues that are involved in counseling and providing support for such families. These include, but are not restricted to the following:

1. The premigration relationship of parents and children: marital/nonconjugal partnerships, extended caregiving, attachments to multiple caregivers, sibling relationships, and so on.
2. The premigration sociocultural strategies of parent-child management and discipline.
3. Children's age at time of separation and reunion, and duration of separation.
4. Socioeconomic and educational factors and their role in parenting after reunification.
5. Adults' reactions to separation from kinship network in country of origin.
6. Culturally appropriate diagnostic techniques for mental health services that consider the health belief models of migrants.
7. Mental health, social services, and school personnel who are culturally sensitive and skilled in working with West Indian migrant families and children.
8. Schooling that is tailored to meeting the cultural and behavioral needs of migrant children.
9. Racism and prejudice in obtaining housing, employment, and education.
10. Community relations and support for migrant families.

Migrant families who are socially and economically stranded appear to confront their postreunification difficulties alone without knowledge of or belief in community enrichment/support groups or mental health services. As discussed by Baptiste, Hardy, and Lewis (chapter 12), West Indian migrant parents enter into therapy through their children's difficulties in school. Family difficulties are dealt with in culturally traditional ways or not at all. Harsh discipline and sibling caregiving have also landed some parents in trouble with the social service agencies.

When culturally sensitive therapy is provided to West Indian and other migrant families, the results can be dramatic, because this kind of therapy considers the sociocultural climate for socialization in the Caribbean, and takes into account that issues of attachment and loss encompass a wider array of individuals than mothers and fathers. Thus loss and reunification are perceived in terms of multiple relations in the context of cultural roots, of society, and memories of multiple socialization agents (Kareem, 1992).

CONCLUSION

The picture that emerges from the reunification process is one of cultural and identity confusion among children who mourn the loss of the close emotional ties they had developed to grandparents and other relatives and caregivers in the Caribbean during periods of separation from parents. Despite these social and cultural woes, some adjusted well to the new cultural environment, benefiting from the educational system. For them, there was some degree of self-actualization. Others floundered and sought psychotherapeutic help.

Among young women, there is the particular problem of young motherhood. Parents who are disappointed and angry at their pregnant teenagers often ask them to leave home. While some young mothers are helped by social service agencies to obtain housing and child benefits, others who feel unable to cope place their children for adoption. In many instances, fathers who are young themselves are unable to accept paternal responsibility and/or are unemployed. Those young girls who keep their children remain rooted in the pattern of mother as primary caregiver. In most cases, these situations exacerbate familial conflicts and tax the emotional resources of a family that may already be severely depleted from the acculturation process.

To leave the reader with such a negative picture of West Indian immigrant families would be an injustice. West Indian families living in North America and Europe and other parts of the world have demonstrated remarkable resilience. Nonetheless, the internal dynamics of West Indian immigrant families and the processes of socialization and ethnic identity remain largely unknown in the host countries, in light of mass migration out of the Caribbean and changes within the Caribbean itself. The factors that place families at psychological risk during and subsequent to the migration process are in need of much greater attention.

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Chapter 11

Mental Health Issues and Family Socialization in the Caribbean

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Port of Spain, Trinidad

In the prologue to "The Loss of El Dorado" V. S. Naipaul writes: "A place like Port of Spain, in the uncluttered New World, has no independent life, it alters with the people who come to it." That was the Port of Spain of the Spanish Conquistadors and the British privateers. The Caribbean now has a life of its own, a life given to it by the people who came then and later on: the enslaved Africans, the colonizing Europeans, the East Indian indentured laborers, the Syrians and Lebanese, and the Chinese. The resulting Caribbean society is multifaceted, multiracial, and diverse, with family structures and mores that reflect the sociocultural pluralism of the region (R. T. Smith, 1988; Vertovec, 1995).

Given the diverse nature of Caribbean societies, it is a formidable task to assess adequately the range of mental health issues that affect families and children. This chapter will attempt to discuss some of the more common mental health problems that are tied to specific aspects of West

Indian family functioning and socialization. More specifically, I will focus on family structure and organization, parent-child relationships, and methods of discipline, and issues of sexuality as they relate to individual functioning. While the Caribbean family has been an object of sociological and anthropological study for decades, and there exists a considerable body of work on various aspects of its forms and functions, we know little about the linkages between factors endemic to the sociocultural contexts of socialization and psychiatric disorder or mental health of individuals more generally. In some portions of the chapter, I offer personal insights from my psychiatric practice in Trinidad and Tobago into psychological problems that Caribbean families confront in their varied family forms and within their attendant economic conditions.

The impact of the sociocultural context of an individual's life on mental health is acknowledged in the psychiatric and psychological literature (see Hasegawa, 1985; Kessler, 1988; McLoyd, 1989; Mendels, 1970; see special issue of *American Psychologist* for discussion of homelessness). There is the recognition that family socialization (e.g., parental management strategies, harshness of discipline) influences individual resilience and vulnerability to maladjustment (Patterson, DeBarsyshe, & Ramsey, 1989; Rutter & Garmezy, 1984). More difficult to demonstrate, however, are the particular sets of circumstances that cause mental health problems in one family member and not another, when all the members seemingly have been exposed to the same circumstances. This raises the question as to whether the microenvironment within the family is the same for all its members, even when the family structure and ethos are known.

In the Caribbean, instability in family structure that may stem from "mate shifting" and "child shifting" is related to beliefs about parental socialization and economic responsibilities that may have serious implications for family and individual mental health. More specifically, the characteristics of Caribbean family structure and its susceptibility to changes in form during the childhood of its youngest members may lead to difficulties ranging from those associated with attachment, separation and loss, to conduct disorder, school-related problems, and parent-child difficulties (see Crawford-Brown, this volume). Thus, family structure is a focal point of our discussion, since so many children in the Caribbean are born in nonmarital unions with fathers who assume marginal roles in family life and in family economic conditions that are deplorable (Rodman, 1970; Senior, 1991).

FAMILY STRUCTURES

As noted in several chapters of this book, African Caribbean family life is characterized by diverse mating and child rearing patterns (see chapters 1 and 2 for descriptions of African-Caribbean family forms). The works of Edith Clarke, Feranando Henriques, and M. G. Smith describe African-Caribbean family life as involving frequently terminated common-law unions, absent fathers, grandmother-dominated households, and situations in which children are shifted to the care of relatives due to parental migration or entry into a new union with a partner or spouse. Others (e.g., Chevannes, 1993) have suggested that African-Caribbean family relationships move from the structurally unstable to the structurally stable, and that the underlying principle behind "the concept of family is neither residence nor domestic economy, but consanguinity, or as they say, blood."

The anthropological studies of the Caribbean islands generally point to the matrifocal or matricentric family structure (see R. T. Smith, 1988; Wilson, 1989); they concentrate heavily on the mother-child relationship, ascribing a marginal role to the father in the child rearing process (cf. Miller, 1991). Mothers are the main socializing agents of both boys and girls, regardless of the family structure or marital union. Fathers are considered to have the primary responsibility of "minding" or providing economic support for children (Rodman, 1970; Senior, 1991). Although distinctions have been made between men's perceptions of "getting" and "having" a child, the latter implying the responsibility of providing for the child and the former just accidental paternity, the issue of Caribbean men's involvement in family life is indeed complex and may not be easily attributed to a single issue (Brown, Newland, Anderson, & Chevannes, this volume).

Until recently (see Brown, Anderson, & Chevannes, 1993), studies on the involvement of men in the socialization process have been conspicuously lacking. One writer (Remy, 1969) suggests that:

> the structuralists through their emphasis on mother-child relationships give too much importance to matrifocality, ignoring for the most part the relationship of the sexes vis-a-vis each other. Hence they could speak of male marginality totally ignoring the fact that males in Caribbean society enjoy dominant position [socioeconomically and in access to education] in relationship to females.

Ironically, recent shifts in male dominance in the educational and economic spheres have been viewed as leading to the marginalization of the Caribbean male (Miller, 1991). In addition, those who question the marginal role of Caribbean men in terms of family responsibility and personal identity offer few suggestions on ways in which men can become central to child rearing (but see Brown et al., 1994; Roopnarine et al., 1995; Wilson, 1989).

To say that African-Caribbean fathers and other men are fundamental to the socialization of children and to an understanding of African-Caribbean family life is putting it mildly. That Caribbean men care for children and provide for them economically has been demonstrated (Brown et al., 1993; Roopnarine et al., 1995). However, their emotional availability and their social ties to children are unclear. In a study conducted by Allen (1985) on students at the University of the West Indies, it was found that the quality of the emotional relationship between Caribbean men and their children was poor generally. Students had significant hostile feelings toward their absent or distant fathers, and there was increased psychological dependency in groups of males whose fathers were absent or distant. Similar findings have been found among young Barbadian boys; one in five males are "raised in legally sanctioned homes" and 25% of young boys are raised by teenage mothers. It has been argued that matriarchal households, male absenteeism, and outside affairs may be viewed by young boys as normative patterns of functioning that are acceptable when they become adults.

The psychological and mental health implications of complex family structures become exacerbated when we examine child rearing and separation and attachment to adult figures (see Arnold, this volume). One pertinent way of examining the importance of family structure is to ask: "With whom do children live?" This approach places the view of family structure from the standpoint of children's relationships with adults and other members of a household rather than the relationships of children to adults. Research on African-American families (Kellman, Ensminger, & Turner, 1977; see also Billingsley, 1992; Burgess, 1995; Staples, 1991; Taylor, Chatters, Tucker, & Lewis, 1990 for a view of African-American women and child-rearing) has delineated possible types of families within which children live:

- mother + father +/- kin
- mother alone
- mother and mother's kin
- mother and stepfather +/- children of this or other union(s)
- father alone
- father+father's kin
- father and stepmother +/- children of this or other unions
- grandparents
- other relatives or unrelated guardians

In classifying families in this manner, researchers were able to tease out the possible psychosocial consequences of being socialized in different family structural arrangements. It was reported that children's social adaptation and psychological well-being were at greatest risk for maladaption in mother alone families and at lowest risk in mother-father families with mother-grandmother families producing outcomes similar to mother alone families (Kellman et al., 1977). These findings are quite revealing in light of the connection between childhood conduct disorder and mother absence presented in a previous chapter and the range of family forms in the Caribbean. In view of this, this classification system will be used as a guide in discussing some of the family structural forms within the Caribbean in terms of potential outcomes in the socialization of children.

THE EAST INDIAN CARIBBEAN FAMILY

The East Indian family in Guyana and Trinidad and Tobago is discussed to varying degrees in chapters 3 and 5. However, in order to understand the psychological problems that may be present in East Indian families, a further discussion of family structural arrangement is necessary. Malik (1971) remarks that "in spite of living in close proximity for more than one hundred years, East Indians and Negroes possess distinctive values, institutions, kinship groups, authority patterns and goals." Others (Vertovec, 1991) have also attested to such distinctness but with greater caution noting the diverse network of relationships that constitute East Indian family life. Without doubt, the traditions that the East Indians brought with them from the Indian subcontinent during the period of indentureship to Guyana and Trinidad and Tobago were vastly different from those of the African population. The majority of the migrants were Hindus, with a minority from the Muslim faith (see Khan, 1995; Vertovec, 1995); collectively, they brought marriage patterns and child rearing techniques that were very conservative.

The traditional Hindu family consisted of an aged couple, their sons, and their sons' wives, as well as children from the older parents and the young couples (Gore, 1978; see chapter 3 this volume). Families shared resources (property, purse, and kitchen) and had mutual obligations to one another. Not unlike the practice in India, at marriage the Indo-Caribbean young woman leaves her father's family and becomes a part of her husband's joint family. The young bride is expected to be submissive to her husband and her husband's family. In general, men enjoy more privileges and garner more respect, and they expect women to be subservient to their needs and desires. With respect to parent-child relations, fathers are present and are responsible for discipline and providing financial but not physical care. Children grow up with paternal authority figures who remain a strong influence in their lives; they are rewarded for obedience, conformity, and accomplishments. In short, the hierarchical nature of relationships within the Indian family and the roles ascribed to women and men were basically transplanted to the Caribbean from India; varying forms of this structure exist today.

As is the case in Guyana, the Indian family in Trinidad and Tobago may be changing toward "Western" ideals regarding relationships. Demographic information presented by Heath et al. (1988) showed that women of East Indian descent are the most rapidly changing group in the population, exhibiting lower fertility rates (for women 40 to 49, fertility rates dropped from 4.4 in 1977 to 2.8 in 1987), resulting in an increase in smaller families. In addition, there is an increase in the rate of divorce and a concomitant increase in female-headed households and common law unions (see chapter 3 for similar trends among East Indians in Guyana).

Ostensibly, changes in traditional forms of living arrangements can lead to alienation and intergenerational conflicts and have been observed in immigrant groups to the United States (see Szapocznik, Kurtines, & Fernandez, 1980, for intergenerational conflicts among Cuban Americans). To deal with intergenerational conflicts between daughters and mothers per se in East Indian families, daughters' responses may range from conscious containment to depressive reactions. These reactions are no doubt due to the notion of filial piety to which East Indians strongly subscribe. Beyond these meager accounts and some indication that the incidence of parasuicide is significantly higher in Trinidadians of East Indian than of African descent and that alcoholism is far greater in the former than the latter group (Beaubrum, 1971; Marceau & Hinkson, 1975) there is little data on the mental health problems of East Indians or Chinese families in the Caribbean (see Singer & Araner, 1967). Of particular interest is the incidence of domestic violence and the implications for family mental health.

CLINICAL OBSERVATIONS

What are some of the psychological consequences of living in different family structural units? While there are hints at the instability and negative consequences of nonmarital visiting and common-law unions for later personality adjustment of children because of mate shifting and child shifting, the fact remains that there are few systematic epidemiological studies of Caribbean children who are raised in different family forms. This is not to suggest that the full range of psychiatric syndromes observed and catalogued in other societies are not present in the Caribbean community. Indeed, distributions of psychiatric disorders in the Caribbean are close to those reported for British and North American families (Sharpe, 1978).

Admittedly, the various family forms do present difficulties for families and children. During my psychiatric practice, I have observed conflict and stress that seem more prevalent in certain family structural arrangements than others. Not surprisingly, in single-parent households, the socioeconomic status of families is an important predictor of difficulty and stress. Often coupled with the absence of a system of emotional support, women parenting alone experience feelings of loneliness, and feel depressed and demoralized. These feelings become magnified when there are children present in the home who are developmentally delayed, experientially deprived, or of borderline nutritional status. The impact of growing up in a single-parent home has been delineated in numerous other reports (Dickerson, 1995; Furstenberg, 1991). I should caution here that several scholars are reexamining the impact of growing up in a single-parent household, taking into account the diverse sources of support and networks that insulate families from catastrophic outcomes (see Dickerson, 1995).

In some situations, grandmothers are expected to raise children, and a small percentage have been expected to be "given the first child to raise." The practice of Caribbean grandmothers raising children is an intricate part of the childhood socialization process. The issue here is not whether the grandmother household causes clinical disorders, but rather that the physical health, aging status, and poverty of older members of the kinship network may impinge on their ability to provide adequate support and guidance for young children. In some cases, grandparents have felt that their health status worsened due to children's misdeeds or behavioral problems, and children are informed about this. Young children may thus shoulder feelings of responsibility for the deteriorating health of their grandparents, which could lead to acting out behavior and/or anxiety. The dynamics of grandmother households appear similar in East Indian and African-Caribbean families. In order to understand fully the etiology of childhood disorders in this type of household, however, research must consider the reasons that children are placed in these households, as well as the quality and nature of social contacts with biological parents during the early years of childhood.

In mother/stepfather families, a variety of factors seem to affect the mental health of children from present and other unions: the socioeconomic status of the household, the presence of children from the present union, the relationship between mother and child within the context of the mother's age and maturity level, and emotional access to the father. Conflicts between children and parents are more common in the adolescent years. Extremely punitive and hostile parents have been observed to contribute to conflicts at home and to conduct problems at school. Sharpe and Bishop (1993) have found that many children who are in correctional institutions or who are living in the streets ran away from home or were pushed out of the home by parents due to parent-child hostility and because they were perceived as a threat to the current parental dyad. Sexual abuse of stepchildren by stepfathers is not an uncommon phenomenon.

Children who live with unrelated guardians face the same problems as those of children in grandmother families. Because quite often the living arrangement is informal, the guardian may feel resentment toward the surrogate parental role even when it is self-initiated, may expect services from the child, and may view the child as ungrateful for parental care rendered. Already traumatized by the experiences that led to placement with a guardian, perhaps mourning the loss of an attachment figure and in need of emotional support, the child is at serious risk of depression and developmental delays.

PARENT–CHILD RELATIONSHIPS

The mental health issues tied to attachment and loss, separation and loss (see Bowlby, 1973) are central to much of the psychopathology that may be associated with the specifics of Caribbean family socialization. The enduring early emotional bonds have a significant impact on social adjustment later on. As Rutter (1992) states, "it seems quite clear that attachment qualities in relationships are evident throughout life. This is shown by the consistent evidence that close relationships are psychologically supportive to all ages and that their loss constitutes a severe stressor from infancy onward." The structural instability in family formation alluded to earlier frequently places children in situations in which they may experience serial losses of attachment figures due to mate shifting and child shifting. These children are vulnerable to depression and sadness, aggressive impulses, and low self-esteem. Undeniably, these clinical manifestations will be affected by the child's age and gender, temperament, and personality structure, and by the influences of other socialization agents.

Children who are shifted from caregiver to caregiver are at great risk of impaired mental health (see Crawford-Brown, this volume). Moreover, the template children develop in forming relationships with others is significantly affected by the relationships embedded in the parent-child dyad. In the service of the mother's quest for better economic stability to improve the lot of her children, she may end up compromising her children's mental health. The treatment of children as communal "property" perhaps originated under conditions of slavery when family members were separated from one another, parent from child and siblings from each other; this experience continues as a psychological remnant from that time. Hence, it is assumed that children can safely be shifted from household to household, and from surrogate mother to surrogate mother at the convenience of the adult and often in the service of parental migration. The essential element in this scenario is that the parent views the practice of child shifting as being in the best interest of the child, disregarding any potential psychological harm that may accrue from the practice. Parental migration, in particular, is linked to poverty, unemployment, and structural adjustment policies in the Caribbean, all of which drive the process within countries and outward (Chevannes, 1993). The most recent emigration has involved unskilled domestic workers and trained personnel such as nurses and teachers, all women who leave children behind to "send for" later. Without psychological preparation for impending separation, children are placed in the care of aunts or grandmothers, or sometimes with fathers who may solicit the help of their relatives in child care, further complicating the living arrangements (see Arnold, this volume).

The impact of separation and loss can be catastrophic, affecting the formation of conscience, the ability to experience and express healthy emotions, and the display of empathy (Mahler, Pine, & Bergman, 1975; Zimmerman, 1992; Zimmerman & McDonald, 1995). Without these skills, children may not learn to postpone gratification and to develop planfulness, and to envision the consequences of their actions in the long term. Children who are eventually reunited with their parents also experience mental health problems associated with the reunion. The process of reunion has been described as "developmental task with new rules" and "the constellation of behaviors [which result] ... are phenomena related to attempts to reform attachments in a context of reunion after long separation. The behaviors in reunion are both remnants of behaviors characteristic of separation, as well as behaviors specific to the reunion process" (daCosta, 1985). As far as psychopathology in the process of family reunion is concerned, daCosta (1985) has found that among West Indian immigrants to Canada some children are at risk for physical and sexual abuse, with more favorable outcomes for children who are reunited before age 6, and the least favorable outcomes for those reunited during adolescence.

Discipline

Caribbean people of both African and East Indian descent accept the physical punishment of children as a cultural norm. In a study conducted in Barbados, Payne (1989) reported that 70% of adults approve of the corporal punishment of children. Others (e.g., Arnold, 1982) have noted that West Indian children are frequently subjected to "corporal punishment unsuitable to the age of the child and excessive in relation to the alleged offense." The sociocultural norm "the right to beat the child" embraced by parents, teachers, and parent surrogates does lead to instances of abuse and neglect, and to repeated cases of abuse and the accompanying psychological damage. In a study of child victims of abuse and neglect attending a clinic in Trinidad and Tobago, it was found that conduct disorder and childhood depression were common among victims and that the only cases of posttraumatic stress disorders seen in the clinic were in victims of abuse. In both boys and girls, a common reaction to abuse and neglect is running away from home. Unwittingly, girls may end up in sexual unions, not because sex is the primary motivator, but because it may be the currency to shelter, food, and comfort. Boys, on the other hand, may end up in short-term work, petty crimes, and rough living (Sharpe & Bishop, 1993).

While data on the prevalence of child abuse and neglect in the Caribbean are not readily available, the information that is available points to a major public health challenge. In Barbados, there were 3,902 cases of abuse and neglect recorded by the Child Care Board between 1981 and 1988. Fifteen percent of these cases involved child sexual abuse (Roett, 1989). Sadly, the incidence of child abuse and neglect may be higher in other Caribbean countries. The patterns of family formation—the serial visiting unions and the distance that can result between father and child—may perhaps weaken the incest taboo in some families, predisposing them to higher rates of abuse and neglect and physical punishment (see Williams & Finkelhor, 1995). As awareness of maltreatment of children increases in the Caribbean, increasing numbers of child abuse and neglect cases are being reported.

SEXUALITY AND GENDER ROLES

Although adolescent fertility rates in the Caribbean have been declining overall, they remain high, ranging from 28.3 per thousand live births in Martinique to 150 per thousand in Belize (Geungant, 1990). It is well established that both the physical and psychological health of mother and baby are at risk as a result of adolescent pregnancy (see Furstenberg & Brooks-Gunn, 1986; Hayes, 1987). Intimately tied to adolescent pregnancy, however, lies the issue of adolescent sexuality and its expression. In separate studies of adolescent sexuality in the Eastern Caribbean and in Trinidad and Tobago, Jagdeo (1984; 1987) and Russell-Brown (1988) reported that 50% of adolescents are sexually active before age 17, and that sexual activity often precedes sexual knowledge. Most adolescents learn about their sexuality from their peers and older adolescents. Paradoxically, although premarital sex is frowned upon, proof of fertility is still a precondition for marriage. This may stem partially from the conflict between moral/religious teachings and prevailing practices and beliefs about sexual activity and marriage. There are also marked differences in expressed value of premarital sexual abstinence for male and female adolescents. The young male is expected and allowed to express his sexuality far more freely than the adolescent female. In many Caribbean countries, there is a common folk saying that a mother of a son says to the mother of a daughter: "When my cock loose, tie up yuh hen."

The unresolved ambivalence surrounding issues of sexuality in the adult population and the uneasiness that results, impair the ability of many parents and teachers to guide children and adolescents effectively toward healthy sexual adjustment. This is reflected in Jagdeo's (1987) assertion that "too large a number of them are struggling to relate to their sexuality out of a measure of doubt, fear and ignorance of themselves as sexual beings and of conception, pregnancy risks and contraception." Too often those of the lower SES groups with lower educational attainment are more prone to teenage pregnancy and to have unwanted children. In East Indian populations, where traditional cultural norms are still highly stressed, teenage sexual activity and pregnancy occur within early marriages.

In recent work on a sample of pregnant adolescents in Trinidad and Tobago (Sharpe & Bishop, 1993), it was found that the mental health issues associated with teenage pregnancy frequently preceded the pregnancy and were related to the individual girl's family situation. In 48.1% of the cases, the teenagers reported experiencing child abuse and/or neglect at some time in their lives. The abuse was often of considerable severity and duration, involving rape, abandonment, physical beatings, and severe neglect. Interestingly, most of the fathers of the adolescents' babies were older: 45% were over 25 years of age, and only 15% were between 15 and 19 years of age. By contrast, 75% of the girls were under 17 years of age. A review of data compiled by the Statistical Office of the Republic of Trinidad and Tobago of births to mothers 15 to 19 years of age over the last 25 years reveals a similar and persistent trend in the age of fathers. Obviously, the significance of the age of fathers relative to teenage mothers should be explored within the context of abuse, neglect, disrupted attachment, and emotionally and physically inaccessible fathers in girls' lives.

CONCLUSION

The family socialization patterns in the Caribbean are indeed complex, rooted as they are in a variety of family organization patterns and deriving from many historical factors. During different periods of history, these family structures have been viewed as morally lax, irresponsible, or illegitimate, but the patterns have remained almost consistent for over 150 years. The sparse but growing data base on psychopathology in the Caribbean has led to some new insights into the impact of harsh punishment, family structure, and early entry into sexual unions on the development of young children. Regardless of the origin or historical functions of these patterns, the challenge facing researchers who focus specifically on mental health issues in Caribbean families is to map out ways in which to change those culturally influenced patterns of behavior toward children that endanger their mental health. Those child-rearing practices, which are the antecedents to early sexual activity and the use of psychotropic drugs, because they drive young people in search of comfort by their very harshness and severity, need to be clearly identified and addressed. As Freud (1927) remarked, "a culture which leaves unsatisfied and drives to rebelliousness so large a number of its members neither has a prospect of continued existence nor deserves it."

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Chapter 12

Clinical Practice With Caribbean Immigrant Families in the United States: The Intersection of Emigration, Immigration, Culture, and Race

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Each year thousands of people leave the Caribbean Islands (often called the West Indies) and related countries (e.g., Guyana) and immigrate to

North America. Many of them settle in Canada; others settle in the United States. Some immigrants come as a family unit, nuclear or extended, while others leave family members behind. Whether as individuals or a family group, the preponderance of Caribbean immigrants come to the United States in search of a "better life" than was possible for them and their families in their native countries (Baptiste, 1987; Thrasher & Anderson, 1988). Thus economic and educational opportunities are the primary pull factors in the exodus out of the Caribbean.

In their quest for a better life in the United States, Caribbean immigrants experience transitional stress, which results directly from the post-immigration adjustment process. This process often lays bare their economic and sociocultural vulnerabilities and results in many such immigrants being referred for psychotherapy. Until approximately 25 years ago (advent of the focus on racial/cultural differences in therapy), most Caribbean immigrants in the United States, with notable exceptions (e.g., entertainers and athletes), were invisible to the majority of Americans and especially to the mental health community. As a consequence, their psychotherapeutic needs were overlooked, and few availed themselves of therapy. When they did seek therapy, therapists' cultural blind spots and insensitivity to these families' cultural beliefs, values, and lifestyles often created distrust and thus impeded communication between families and therapists. These problems frequently contributed to many clients' premature termination from therapy. As a result, clinical practice with Caribbean families can present a significant challenge for mental health professionals because of such families' cultural heterogeneity and the difficulties many American therapists experience in engaging them in therapy.

This chapter describes and discusses the dynamics and structure of Caribbean immigrant families, issues, and strategies specific to therapy with them, as well as issues related to therapy with children in such families. The chapter will conclude with strategies and recommendations for effective therapy. For the purpose of this chapter, we will focus on clinical practice with English-speaking Caribbean immigrant families, including those from Belize and Guyana,[1] because of our greater familiarity and experience with that sociocultural context.

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[1] Geographically, Belize and Guyana are in Central and South America respectively, However, because they share a common cultural, socioeconomic and political history with the Caribbean Islands, as well as ties with Britain, they usually are included as part of the Caribbean.

CARIBBEAN FAMILIES AND IMMIGRATION

Caribbean families have been immigrating to the United States since the early 19th century, and by the beginning of the 20th century their numbers had begun to increase substantially (Ueda, 1980).[2] The greatest increase in Caribbean immigrants to the United States occurred during the years 1940 to 1978. During the early (circa 1850s) and middle (circa 1900s) phases of Caribbean immigration, a majority of immigrants came from the upper and middle classes respectively; they were educated professionals or skilled tradespersons. However, as a result of the United States immigration regulation changes in the 1970s, more recent immigrants came from all socioeconomic classes, with the majority from the lower class. Many of the new immigrants came from the rural areas of the Caribbean and were less equipped with the skills needed to function in large urban communities such as Boston, Miami, and New York City. As a result, many new immigrants experienced greater postimmigration difficulties in adjusting to the United States than did the earlier immigrants who were overwhelmingly urban dwellers whose social skills facilitated adjustment to the United States.

Many of the difficulties recent immigrants experienced also can be attributed to serial immigration. For example, a spouse (often the male) may emigrate and later be joined by the other spouse and children, if any, and often relatives of one or both spouses; or a couple may emigrate first, followed later (sometimes in a staggered pattern) by their children and/or members of their respective extended families. The lapse of time between family separation and reunion is idiosyncratic to each family and can vary from a few months to many years depending upon the family's economic resources. As a result, the adjustment of a newly arrived spouse and/or children to a spouse/parent from whom they long have been separated, when superimposed upon the normative adjustment difficulties attendant to immigration, can contribute to significant spousal as well parent/child conflicts that hinder family functioning. As a result, many families are being referred for therapy.

DEFINING THE CARIBBEAN

History and Culture

The Caribbean as a geographic entity refers to a heterogeneous group of islands that are situated in the Caribbean Sea from the north coast of

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[2] The sugarcane industry was a major employer of approximately 50% of the region's workforce. As a result, the industry's depression in 1900 led to widespread unemployment and fueled the desire to emigrate.

Venezuela in South America to the south coast of Florida in the United States. Over the past 34 years most countries have gained independence, but others are still colonies of Britain, France, the Netherlands and even the United States. Based on former European occupation, the Caribbean is further subdivided into: British English speaking (e.g., Barbados, Jamaica, Trinidad and Tobago, Belize, and Guyana); Spanish speaking (e.g., Cuba, the Dominican Republic, and Puerto Rico); French speaking (e.g., Guadeloupe, Haiti, Martinique, and St. Martin); and Dutch speaking (e.g., Aruba, St. Maarten, and parts of the Netherland Antilles). As a result, Caribbean cultural customs are influenced by a blend of European, West African, East Indian (Hindu and Moslem), Asian (primarily Chinese), and to a lesser extent indigenous Arawak and Carib cultures.

Because of its historical colonization by one or more European countries and the importation of African slaves and indentured East Indian labor, each Caribbean country has developed a unique culture that distinguishes it from its neighbors despite the many commonalities that link them. This cultural uniqueness differentially affects Caribbean families' perception of and involvement in psychotherapy.

Racial Composition

The population of the Caribbean countries is multicultural/multiracial, but people of African descent comprise a majority of the inhabitants except in Guyana and Trinidad; people of East Indian descent constitute approximately 50% of those countries' population. Europeans and North American whites and Asians represent less than 10% of the Caribbean's population, but whites and mixed-race people (Afro-European predominantly) comprise the privileged upper class and a small middle class. Because of the importance accorded skin color in the Caribbean, lighter-skinned, mixed-race people often exercise political influence and enjoy social status and economic benefits disproportionate to their numbers in their respective countries (Brice, 1982; DeAlbuquerque, 1989; Henriques, 1953; Kerr, 1952).

In the United States many mixed-race Caribbean immigrants, who often may be economically better off than most Caribbean immigrant families, tend not to associate, or at best limit their associations with, their black or East Indian countrymen who are not relatives. Conversely, many black and East Indian Caribbean immigrants reject their lighter-skinned countrymen because of their refusal to identify with them. Issues of skin color and the concomitant social distance it engenders can contribute to formidable difficulties in therapeutic relationships with members of different racial groups (see Harvey's 1995 discussion of skin color in psychotherapy).

Frequently, light-skinned Caribbean families or one of their members are referred to black American therapists because of the racial and cultural similarities perceived by the referring party. However, many Caribbean immigrants, especially mixed-race immigrants, perceive themselves to be of a higher status and look down on the majority of black Americans. Invariably, these immigrants experience much difficulty in becoming involved in a therapeutic relationship with black American therapists. Interestingly, however, while lighter-skinned Caribbean immigrants may reject their darker-skinned countrymen and black Americans, they in turn frequently are rejected by white Americans as "just another black person."

CARIBBEAN IMMIGRANT FAMILIES

The term *Caribbean family* is in actuality a misnomer, because such families are not monoliths about which we can generalize, but rather are a heterogenous group representing many cultures, ethnicities, and races. Consequently, there exist many racial, cultural, and interisland variations in the way families are structured and the manner in which they function.

STRUCTURE AND DYNAMICS

The structure, roles, and dynamics of Caribbean families in the United States are a variation of those that exist in the Caribbean. In the Caribbean, as in the United States, some families are organized as nuclear units, others are single-parent households, while others include extended family members of either one or both spouses. Typically, in Caribbean societies family structure is vertical and hierarchical, and sex roles are dictated along patriarchal lines. Expectations for men's and women's roles are sharply defined, and men have greater privileges than do women. Some couples are legally married, but many only cohabit and never marry, although they may have children together. They present themselves as a family, and are perceived as such within their communities and among relatives and friends (see chapters 1 and 2, this volume). Legally married or not, these families are explicitly male dominant. In the United States, however, whether legally married or just living together, couples tend to adopt the prevailing roles for men and women in this society. Generally, these roles tend to be more egalitarian and less explicitly male dominant than in the Caribbean and allow women greater equality than is found in their native countries.

Within the Caribbean's division of household labor, the majority of women perform most of the household and child rearing tasks despite their being employed outside the home.[3] Men are perceived to be primarily responsible for the economic support of the family even when women work outside the home, and husbands who fail to fulfill the provider role adequately are negatively sanctioned. In the United States, because many Caribbean immigrants lack the requisite skills to qualify for the higher-paying technical jobs, both spouses need to work outside the home in order to provide for their families. In the United States, as in the Caribbean, extended family members, especially females, often provide child care for couples when both are employed outside the home.

In some cases, women's employment outside the home may be the source of spousal conflicts, especially if the husband is underemployed or unemployed and stays at home to care for the children while the wife assumes the breadwinner's role. For example, many Caribbean women in readily employable occupational categories (e.g., nurses) emigrate to the United States first, and their families follow later. Accordingly, many women may assume the breadwinner's role in the family while their husbands seek employment. Many such husbands tend to resent their wives' independence and the attendant role reversal because of their economic dependence upon their wives. For some husbands, the shift in spousal roles tends to be less bothersome if wives do not challenge their dominance and authority and continue to be deferential despite being employed. Buoyed by their newfound independence, however, some wives assert their objections to their husband's exercise of absolute spousal authority, which includes the expectation that wives will perform all domestic chores despite being employed outside the home. Despite their previous submissiveness in the Caribbean, many immigrant wives quickly internalize and embrace the American ideal of egalitarian or quasi-egalitarian spousal relationships (Taubin & Mudd, 1983) and thus expect their husbands to be equal partners who share domestic and child care responsibilities. Such challenges to husbands' traditional authority can contribute to spousal conflicts that have implications for personal mental health, for example, depression in husbands, wife beating (Baptiste & Layton, 1988), or divorce. Unless both spouses can embrace and adjust to these role changes, ensuing conflicts can and do explode, necessitating the couple's entry into therapy. The case of the Monroe family is illustrative.

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[3] Large numbers of Caribbean women work outside of the home in a variety of work settings, for example, agricultural (primarily in the rice and sugarcane industries), domestic, civil service (including teaching), and self-employed small business owners. Homemakers in the Caribbean comprise a small middle-class (and upper-class) minority that is more akin to the North American homemaker.

The Monroes

Mr. and Mrs. Monroe, a Jamaican couple, were referred by her physician. At interview Mrs. M. had lived in the United States for 8 years, her husband and five children (ages 18 to 8 years) for 3 years. The couple's growing apart and wife beating were the presenting problems. Mr. M. wanted more respect from his wife: "Since she come here she more like a American woman." He did not want a divorce. He wanted the marital relationship to return to the way it was preemigration; Mrs. M. did not. She said, "I am not going back to that way, I change!"

Mrs. M., a nurse, immigrated first. Five years later her husband and children joined her. Mr. M. reported experiencing the first changes in his wife soon after arriving in the United States: "She changed, she not the woman I use to know." She was less respectful of him in the United States than in Jamaica. For Mrs. M. "respectful" meant being submissive and not having a say in how the family spent money. Now she was "making the money and would have a say." A bricklayer in Jamaica, Mr. M. had been unemployed since his arrival in the United States, a condition he blamed on difficulties in joining the mason's union. Mrs. M. questioned his job-seeking efforts; he played dominoes daily with friends or talked on the telephone with friends and relatives in Jamaica and the United States. Mrs. M. complained that when she questioned his lack of effort and the large telephone bills, "he hit me in front of the children."

Therapy focused on helping the couple to adjust to the many aspects of the transition, to deal with the strains of serial immigration, and to decide how they wanted to live as a couple. Mrs. Monroe was encouraged to help her husband develop proactive job seeking skills, including possibly a change of trade.

Extended Family Support Networks

For the majority of Caribbean families in the United States, the availability of extended family support networks (sanguine or nonsanguine), and the extent to which these families interact with such networks, are important determinants of such families' ability to adapt effectively to the United States (Baptiste, 1987; Landau, 1982; Landau-Stanton, 1985; Sluzki, 1979). In their home countries, a majority of immigrants were members of viable extended family networks that provided mutual aid and support, including help in resolving intrafamilial conflicts; much of an individual's identity and sense of belonging is derived from the interactions with persons within these networks (Ellison, 1985). In contrast, significant numbers of Caribbean immigrant families arrive in the United

States without an available kin support network. When they are confronted with intrafamilial conflicts that they are unable to resolve, many come to feel incompetent and begin to doubt their individual and collective abilities to cope with life away from their network(s).

Without an extended family network in the United States, Caribbean families turn to surrogate extended families (e.g., fictive kin or therapists) to attempt to resolve their conflicts. However, the need to look outside the family's boundaries for help in resolving conflicts often is perceived by some members as failing and severely threatens their sense of personal power and self-worth at a time when these are at their lowest.

Because the months immediately following arrival in the United States tend to be euphoric, rupture of the extended family network is not severely felt until later. Often vulnerability to the vicissitudes of life in the United States and the awareness that they lack the specific knowledge needed to cope effectively in the United States heighten the immigrants' awareness of the loss and the value of their extended family network(s) left behind. Some Caribbean immigrants may already have kinfolk or friends in the United States. For them, adjustment to the United States tends to be less stressful and problematic because relatives and/or friends can be helpful in explaining the foreign ways of the United States to them, as well as providing other assistance as needed.

Although the presence of a supportive extended family network can be an asset to Caribbean immigrant families, at times such a network can be a hindrance that contributes significantly to the family's problems in living and the need for therapy. Some members of the extended family may remain anchored in the ways and traditions of their home country and object to other members' (e.g., younger members) acculturating to the United States or setting aside either interisland or racial and ethnic stereotypes and/or prejudices. The following case illustrates the negative effects of one extended family member upon other members.

The Singh Family

Deodat and Savitri Singh, a Guyanese East Indian couple, were referred by Deodat's workplace employee assistance program for therapy in lieu of termination. At interview, the couple and their children, ages 4 and 6 respectively, had lived in the United States for three years. Deodat was a part-time undergraduate and a full-time employee, expected by his family eventually to become a physician. Savitri worked part-time, and occasionally full-time. Presenting problems included Deodat's deteriorated job performance, his excessive drinking and depression, marital difficulties secondary to Deodat's uncle's interference in the couple's lives, and Savitri's continuing demands to return to Guyana. Savitri also was moderately depressed. Deodat's uncle objected to the couple's relationship with a black American family, and to Savitri's working outside of the home. The uncle continued to believe and to live by the many negative stereotypes about black people held by some Guyanese East Indians. To placate his uncle, Deodat agreed to end the offending relationship. An unannounced visit by the uncle found the two families together eating dinner. The uncle verbally insulted the black couple and threatened to have Deodat's immigration status (green card) revoked; he had sponsored the couple and paid their airfare to the United States. Deodat's part-time student status and his vacillation about studying medicine also angered his uncle; he was invested in Deodat's becoming a physician. Savitri became the uncle's scapegoat; he blamed her for Deodat's defection from medicine. He said, "If you stayed home you would not have to leave your children with those people or have their children in your house."

Deodat did not stand up to his uncle, and Savitri accused him of agreeing with his uncle's beliefs about her. She attempted to talk with the uncle, but he "put me in my place." Subsequently, the marital relationship deteriorated, Savitri quit her job, stayed home, and demanded to return to Guyana. Deodat drank excessively, and his job performance slipped. He expressed feeling conflicted about his many responsibilities and loyalties to his family of origin, his uncle, and his wife and children. He could not return to Guyana without a degree; he would be disgraced. He abhorred his uncle's attitudes and behaviors, knew that he should stand up to him, but felt beholden to him. He expressed anger at his wife. She did not understand his situation; her family did not expect as much from their children as did his family.

Therapy focused on strengthening the dyadic boundaries to improve the couple's ability to make personal decisions about their associations, their future (e.g., Deodat's major), and how they wanted to order their lives (e.g., should Savitri work outside the home), while remaining thankful to Deodat's uncle for sponsoring them.

Immigration Status

Caribbean immigrants in the United States fall into three broad categories: temporary, permanent, and illegal. These can further be subdivided into new immigrants and old immigrants. Because of the stress concomitant to emigration and adjustment to a new culture, each of the three immigrant groups presents different socioeconomic and adjustment concerns, and requires different therapeutic strategies to engage and help them address these concerns.

Temporary Immigrants. These immigrants are admitted to the United States legally to achieve specific goal(s) within specified time limits; they fully intend to return home upon fulfillment of the goal (e.g., students who come to study at U.S. colleges and universities, or civil servants sent by their respective governments for advanced training). Partly because of their transient status, and partly because they are in cultural transition for the duration of their stay in the United States, most temporary immigrants are marginal in the United States culture. As a result, they tend to retain allegiance to their native cultures, values, and customs and rarely, if ever, become fully acculturated to U.S. culture.

Permanent Immigrants. These are legally admitted immigrants who explicitly immigrated to the United States for permanent residency. These immigrants are accorded all rights and privileges of citizenship (e.g., the right to work) except the right to vote or hold federal jobs that require a high level of security clearance. Over time, most permanent immigrants adapt to the new culture with diminishing allegiance to their native cultures, while maintaining some cultural vestiges. Because of the proximity of the United States to the Caribbean Islands, many Caribbean immigrants maintain a transcontext lifestyle through continuing connections with their native countries (Singham, 1990; Turner, 1991). Such a transcontext lifestyle affects these immigrants' emotional experiences, constructions of reality, descriptions of self, and the issues they bring to therapy. Transcontext immigrants function in two life spaces called home, their preemigration culture and the U.S. culture, and they need to function in both concurrently and effectively. For example, parents whose children are left behind engage in nonresidential parenting although physically they reside in the United States. Similarly, older male children in the United States are expected to provide guidance or to discipline younger siblings back home when parents are unable to manage such siblings' behavior. Attempting to function concurrently in two life spaces can be stressful, frustrating, and anxiety producing because of the potential for not doing either job well. On the other hand, transcontext living can help immigrants adjust to the move while they maintain contact with extended family networks left behind. This allows them to adjust gradually to the new without the need to abruptly disengage from the old.

Illegal Immigrants. These immigrants enter and/or reside illegally in the United States. Some illegal immigrants may have been admitted legally at one time and may have resided as legal temporary immigrants (e.g., students admitted to study at U.S. colleges and universities), but when their temporary status expired, many elected to remain and to work in the United States illegally because of the greater availability of career and economic opportunities. Others never have been legally admitted to the United States, but entered, reside, and work there illegally. These immigrants tend to live privately. They trust only extended kin, are highly invested in maintaining low visibility in their communities (e.g., changing residences frequently), and live in fear of being deported. Because of their vulnerability, they frequently are preyed upon by countrymen or other islanders who discover their illegal status.

Whether illegal, permanent, or temporary, the residency status of Caribbean immigrant families has a different impact upon their willingness, or the lack of it, to engage in and respond to psychotherapy. The following case illustrates the impact of immigration status on the engagement process.

The Headleys

Mr. and Mrs. Headley, a Trinidadian couple, and their son Marcus (age 14) were referred by a Boston public school. The referral slip stated, "Fifth offense this semester. Always fighting, often unprovoked. Needs counseling, prerequisite for returning to school." At interview, the family lived in Dorchester, Massachusetts, having moved from New York City 6 months earlier. Mr. H. was a janitor; Mrs. H. a hotel housekeeper. Two other children (Althea, age 17, and Walter, age 9) were in high school and 4th grade respectively.

During the first session, Mr. H. ignored the therapist's requests that his wife and son speak for themselves. He unleashed an angry tirade at Marcus for "messing up my life with this fighting." I asked Marcus to tell his story, but Mr. H. responded instead. Marcus is much darker in complexion than the other family members. In school his peers, including other black Caribbean and American students, called him Midnight. He got into fights because the school authorities appeared not to respond to his complaints. Mr. H. lamented, "Marcus's fighting will cause me big, big trouble. I tell him to roll with the punches, get what you can get. After all it is their country." At that point Mrs. H. began to cry and to stamp the floor vigorously. Mr. H. stopped in midsentence, and the family fell silent. All attempts to engage them verbally or to clarify or amplify information were futile. At the end of the hour, I reviewed the session and invited the family to return for another. Mr. H. said, "Yes, we got to or Marcus can't go back to school." I requested that Althea and Walter be present at the next session. Mr. H. queried this but was interrupted again by his wife's floor stamping; he agreed to my request.

In the next session, Mr. H. asked about the required report to the school. I reiterated my earlier statements about the confidentiality of the sessions, and the contents of the obligatory report(s) to the school: "I will inform the school that you came to therapy, about the progress of therapy, and how I feel Marcus will do upon return to school." That said, Mrs. H.

then inquired about the therapist's country of origin, because "I detect a West Indian accent." Informed that I was from Guyana, she asked several questions about the therapist's immigration status, and the difficulty or ease of being deported. The therapist admitted his ignorance about those matters and asked the purpose of the questions. Mr. H. curtly replied, "I just want to know!" Asked about life in New York and Marcus's experiences there, the family fell silent. Recovering quickly, Mrs. H. asked, "Why does that concern you?" I replied that the information would help me better understand Marcus's situation. Angrily, Mr. H. said, "That's not what we here for. You is to stop Marcus from fighting and messing up my chances in this country." I reiterated my intent to better understand the family's situation not to be intrusive, and wondered aloud whether I was touching upon issues they would rather not discuss. At that juncture, Mr. H. bellowed, "Is that what you doing, spying on my business? You got no right asking about anything to do with New York. Come on, we going!" He left, and his family followed.

Two hours later, the family returned and requested to see the therapist. Mrs. H. spoke for the family: "You have to forgive James. At times he can be a hothead. He's not always that way, you know, but we in a bind. And you touch on something without knowing it. I stamp on the floor to tell him not to blow up. I did not say much because I was checking you out to see if we could trust you." Asked if I had passed the test, she replied, "Maybe, but we got to trust someone. This fighting thing with Marcus is not good for us. Right now we don't want to be seen or heard." I asked her to trust me and tell the family's story.

Before coming to New York, the family lived in Canada. She was a teacher, he a plumber, but they were unable to obtain Canadian Landed Immigrant Status. Seven years ago they moved to New York City, and lived there illegally, hoping to obtain green cards. Mr. H's. extended family assisted and protected them in the uncertain and precarious world of illegal immigrants. Last year Mr. H. found an employer willing to sponsor the family for the green card. Unfortunately, before they could become legal, someone in the Caribbean community "sold us out to the Immigration." They left before they were apprehended. They announced that they were moving to Chicago, but moved to Boston instead. The children expressed much anger at having to leave New York; they did not experience similar difficulties there, and "no one made fun of Marcus."

I thanked the family for telling its story, reemphasized the confidentiality of the sessions, and strongly encouraged the parents to demand of Marcus's principal that he take the necessary steps to stop the harassment, regardless of Marcus's immigration status. At the end of the session, everyone was visibly less tense than in the beginning. After the family left the building, Mr. H. returned, offered his hand, and said, "Man, you all right!"

The family's difficulty in trusting me was in part related to their experience in New York and in part because of interisland suspicions. They were unsure that as a Guyanese I would not "sell them out" to the immigration authorities.

CLINICAL PRACTICE WITH CARIBBEAN IMMIGRANT FAMILIES

Caribbean Families and Therapy

In general, Caribbean families (especially poorer, less educated ones) tend to be less familiar with psychotherapy and its attendant processes, because of the limited availability of psychotherapy in their home countries and minimal exposure to it. Many distrust psychotherapy and tend not to seek it for problems in living at a rate similar to American families (Brice, 1982; Sewell-Coker, Hamilton-Collins, & Fein, 1985). In the Caribbean, extended families and the church provide counseling and assistance with a purpose similar to that of psychotherapists. Furthermore, many Caribbean families in the islands as well as in the United States rely upon folk healers and spiritualists (e.g., obeah or voodoo practitioners), to resolve a variety of problems in everyday life. There also is the prevailing cultural belief that only "crazy people" seek such services. Because a majority of Caribbean people share the belief that "craziness" is genetically transmitted, involvement in therapy also can reflect negatively on one's family. Thus, both psychotherapy and those who seek it are stigmatized.

Despite their general reluctance to seek psychotherapy, some Caribbean families, because of their strong commitment to education, will seek counseling or psychotherapy for concerns directly related to the educational needs of their children, for instance, poor academic performance (Thrasher & Anderson, 1988), or when mandated to do so by a judicial or social service agency because of problems such as child abuse or domestic violence (Baptiste & Layton, 1988). Accordingly, many Caribbean families increasingly are being referred from a variety of sources (e.g., schools) for a wide range of family problems (e.g., husband–wife, parent–child, and even family–larger systems conflicts). These problems are directly related to their feelings of loss, of having left their home countries (despite their expectations for a better life in the United States), and of the need to adjust to a new culture with behaviors, attitudes, values, and habits that are different from the usual ones expected for families, adults, and children, in their native countries.

Caribbean Immigrant Children and Therapy

In general, most Caribbean immigrant families and their children neither need nor seek psychotherapy. Like most families who seek therapy, however, a majority of Caribbean families come to therapy through their children, either because of academic concerns, involvement with the larger system (e.g., the courts), or transitional problems directly related to the immigration process, rather than because of concerns specific to the marital couple. The postimmigration adjustment process for such children can extend over several years and is undoubtedly influenced by the family's pattern of emigration (serial vs. unit), the child's age at the time of emigration, the level of the child's social skills, the family's reason(s) for emigrating, and the family's socioeconomic status in the new community relative to that of their other countrymen who reside there. For many Caribbean children, then, postimmigration life within the United States can be a bittersweet experience, a mixture of age-appropriate developmental expectations and broader transitional issues specific to the immigration adjustment process. At a macro level this can involve the need to find themselves and their places in a society that is markedly different from their home country and to do so with different expectations and under changed circumstances. Increasingly, many Caribbean children are seen in therapy because of preexisting nontransitional problems, postimmigration transitional adjustment problems, and difficulties related to normative parent-child and life cycle stresses.

Children and Nontransitional Reasons for Therapy. Caribbean children also seek therapy for nontransitional problems that may stem from individual intrapsychic issues that predate the move to the United States but were unrecognized or unaddressed by the families, because of economic reasons or cultural beliefs. For example, the first author has worked with male Caribbean adolescents who declared their homosexuality postimmigration. Such declarations often upset parents, although they may have had preemigration suspicions about their son's sexual orientation; most Caribbean societies are homophobic. The usual stresses attendant to moving to the United States often exacerbate preexisting problems, which are perceived differently in the United States. The problems frequently do not respond to the family's traditional remedies. In this regard, some Caribbean children seen by the senior authors met the DSM-IV criteria for mental disorders (e.g., major depression), even when controlling for cultural differences, and were treated with psychotropic medications and sometimes hospitalized.

Children and Transitional Reasons for Therapy. The younger children are when they arrive in the United States, the less prone they are to stress occasioned by immigration and its adjustments. Older children tend to experience greater difficulties in adjusting to relocation because of the need to reestablish ties with parents, if they preceded them in the move, or to establish new relationships ("fit in") with peers and adults in a wide range of institutional settings. Our clinical experiences with Caribbean children have shown that children who arrive in the United States with their families tend to experience less difficulties in adjusting than do children who emigrate in a serial pattern, that is, arriving some time after their parents (in some cases as much as 10 years later). Often, serial pattern children may have entered adolescence prior to their reunion with parents and undoubtedly formed strong relationships with their parent surrogates. As a result, they may not perceive their parents as their primary caregivers and behave toward them with less respect and deference than is expected for a Caribbean child. On the other hand, aware of their extended absence and the concomitant loosened parent-child bonds, mothers and fathers frequently intensify their parental behaviors in an effort to be perceived and to behave like a "bona fide" parent. Many children do not reciprocate, and parents often express dismay and anger at them for not appreciating the sacrifices the parents made on the children's behalf, including the sacrifice of separation. When efforts to remedy the situation fail, parent-child conflict may result, thus necessitating the family's entry into therapy. For many school-age Caribbean children, entry into therapy usually is initiated by the school, rather than parents, because of the child(ren)'s difficulties in school, although the core issues often are directly related to parent-child conflicts. As noted above, most Caribbean parents will consider therapy only when they are required to do so by an institution, for example, the court or school, even though they report dissatisfaction with their children's behavior in the home and with their own personal remedies for parent-child conflicts.

Some serial pattern adolescent Caribbean children may also experience other difficulties related to being a "reluctant" immigrant (Baptiste, 1990). That is, despite promises of a better life, many adolescents resist emigrating and are highly suspicious and distrusting of parental promises of the "good life" awaiting them in the United States. In their home country, many of these children had been highly involved with peers, school, and their wider communities; they also may have been socially invested, for example, in a love relationship, prior to joining their parents. Invariably these children's objections to emigrating contribute to parent-child conflicts.

In the early months of postimmigration, most reluctants may be euphoric about being in the United States and do not complain about the move. The honeymoon period is short-lived, however, as reluctants return to the preemigration complaints and increased agitation to return home. For example, approximately 5 months after joining his parents, 16-year-old Deven, a Trinidadian reluctant, appeared to be adjusting satisfactorily to life in West Lafayette, Indiana, where his father was a student at the university. Deven complained incessantly of feeling unbearably cold and refused to attend school. His parents attempted to placate him. They bought him "in" clothing and electronic gadgets and even promised a visit to Trinidad in the summer; those efforts proved futile. He did not want to be in the United States; he wanted to return to Trinidad. He said, "Trinidad is hot, and I would go to school." Postimmigration, many reluctants adjust satisfactorily without the need for therapy, but on occasion, some are returned home to live with grandparents or other relatives because of their parents' inability to deal with them.

Immigrant Children and Identity Development

Erikson (1950, 1968) noted that development of a stable identity is a central task of adolescence. However, for older Caribbean children in particular, development of a positive, stable identity can be especially difficult, because such children, caught between two cultures, experience many peculiar dilemmas in their interactions with peers and school administrators (including teachers), and with other social institutions. The response of Caribbean children and their families to these dilemmas varies, depending upon the family's availability of social and economic resources, level of educational background, and skin color. Usually such children tend to present in therapy with anger and depression stemming from their difficulties fitting in with peers at a stage when peer conformity, acceptance, and belonging to an identifiable group is a high priority. Older Caribbean children often perceive their immigration status as a demotion from a favorable status among their native peers to a less favorable status within the new peer hierarchies (Baptiste, 1990). Feeling as they do, these children often experience a revised estimation of their self-worth, which can fuel anger seen in therapy. Oftentimes, anger is directed at society and/or parents (resulting in parent–child conflicts), and is expressed through aggressive or self-destructive behaviors such as fighting in school (the case of Marcus); involvement with drugs; and for some, both males and females, promiscuity. For older Caribbean children, especially females, concerns about acceptance by peers are significantly exacerbated when they begin to participate in heterosexual social and extracurricular activities, specifically dating. Many girls complain that they rarely are asked for dates, and boys often are not accepted as dates even by other Caribbean girls. Interisland and/or interracial and ethnic prejudices and stereotypes prevalent in Caribbean communities, together with the mutual xenophobia of Americans and Caribbeans toward each other, are significant contributors to this problem. The following case is illustrative.

Terry, a 16-year-old light-skinned black Jamaican immigrant, was referred for therapy because of an abrupt drop in his grades (Bs to Cs and Ds) and his practice of isolating himself at home. At interview, Terry reported feeling moderately depressed, isolated, and lost in his high school of two years. He believed that he was the only boy in his class without a girlfriend or prospects for a date to the upcoming dance. He had asked several white girls for a date, but was turned down. I invited him to ask a female international student to the dance. He rejected that idea for a number of reasons (e.g., "Spanish girls won't go out with me;" "Portuguese girls don't even talk to black guys"). Because no female Jamaican students similar in age attended the school, I invited him to ask the only female Caribbean student similar in age to the dance. He immediately dismissed that suggestion with a laugh: "She from St. Lucia!" He rejected her as a potential date, as he had rejected black American girls: "I don't go out with them!"

Therapy Issues of Immigrant Families

It is difficult to generalize about concerns that Caribbean immigrant families or any of their subsystems bring to therapy. Because of their racial and cultural heterogeneity, their specific life circumstances, and the reason(s) for immigrating to the United States, each family in therapy presents its own unique circumstances and issues related to adjusting to and living in the United States. Despite their uniqueness, clinical experiences with Caribbean families have shown that there are some common therapeutic concerns which these families present in therapy. These include: (a) discrepancy between the expectations and realities of actually living in the United States, (b) preparedness for change and intrafamilial conflicts as part of the immigration experience, (c) social marginality and minority status in the new country versus status prior to emigrating, (d) weakening or loss of parental authority over children, and (e) metamorphosis of the children into "Americans."

Discrepancy Between Expectations and Realities of Living in the United States. Landau (1982) has observed that the degree to which immigrants satisfactorily adjust to a new culture depends, in large part, on how their expectations for emigrating compare with the realities of living in the new country. Our experiences with Caribbean immigrants have shown that many of the problems for which they seek therapy are directly related to a violation of their expectations of the United States as "the good life." With rare exceptions, Caribbean immigrants, preimmigration, have relatives or friends who have lived in or visited the United States. Prior to emigrating, many immigrants listened to the stories of those friends and relatives about the United States as a modern-day utopia that would solve all the listener's problems. All the listener had to do was get to "God's country." Because of these tall tales, reiterated ad infinitum in the islands, as well as the deceptive practices[4] of some Caribbean immigrants who live in or visit the United States, and the images of life in the United States portrayed by American TV and movies seen in the Caribbean, many immigrants arrive in the United States with unrealistic expectations about the ease with which the promised "good life" can be achieved and about their own ability to achieve that life.

Unfortunately, because of the perceived attractiveness of living in the United States, many potential immigrants practice selective attention and tend to ignore negative reports or fail to seek alternative information about the realities of life in the United States. As they begin to live in the United States, and experience the discrepancies between preemigration expectations and their realities, many Caribbean immigrants often experience anger and frustration with U.S. racism, difficulties in obtaining employment, or harsh workplace conditions or expectations. These feelings can lead to depression and acting-out behaviors (especially in adolescents), loss of respect for the United States, and renascent idealization of their home country. By comparison, if the benefits of the immigration meet or exceed original expectations, they usually experience minimal difficulties in adjusting to life in the United States.

Frequently, however, the discrepancies between the original expectations for emigrating and the realities of life in the United States are problematic, difficult to reconcile, and are central issues in therapy with Caribbean immigrants. Characteristically, immigrants who are realistic in their expectations for life in the United States, and who possess skills that are immediately transferable and marketable, are potentially better able to cope with the usual and expected changes that result from immigration. The following case illustrates the difficulties that can occur when expectations and reality conflict.

Ena, a 32-year-old Grenadian immigrant, was a psychiatric inpatient brought by the police to the hospital 3 days previously because she was walking seminude on a highway. Present at the interview were her older brother Chance and his wife, Alma; they had sponsored Ena's move to the United

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[4] Whether or not they are successful in the United States, many Caribbean immigrants will save or even borrow money with which to purchase clothing and other trappings of success to impress relatives and friends when they return home for a visit. To this end, many return visitors will spend money extravagantly and give elaborate gifts to friends and relatives despite not being successful in the United States. On occasion, some Caribbean immigrants in the United States have had themselves photographed next to someone else's car or house, send the pictures home to friends and relatives, and identify the house or car as their own. To those left behind, the ability to purchase a car or a home in the United States is explicit proof that the sender has achieved some measure of success in the United States.

States. Chance initially came to the United States as a student and married Alma, a Grenadian-born U.S. citizen. Ena was a bookkeeper in Grenada, having studied by correspondence. Prior to leaving Grenada, Chance and Ena agreed that she would help him financially while he studied, and he would assist her to immigrate to the United States. For 3 years prior to his marriage, Ena provided Chance with a stipend from her meager wages. After Chance became a U.S. citizen, Ena reminded him of their agreement. However, although he acknowledged his indebtedness to Ena, "he dragged his foot in getting the papers."

At interview Chance had lived in the United States for eight years, but had visited Grenada several times over the years. On those occasions, he "always looked like he was doing well. He showed me a picture of the house he and Alma buy and told me how easy it was to get a good-paying bookkeeping job." Contrary to Chance's picture, Ena discovered that Chance and Alma did not own a home in the United States; they shared a large apartment with other Caribbean immigrants in a rundown section of the city. Ena joined the group but had no privacy; two weeks postimmigration, someone attempted to rape her in the apartment. Because of the number of people sharing the apartment, "the place was always nasty and smelly. Two of the people have small children and that make matters worse."

In the United States, Ena also discovered that, despite her training and years of on-the-job experience as an accountant, her lack of a university degree disqualified her from accounting positions. She felt that the jobs available to her (e.g., hotel housekeeper) were beneath her. In Grenada she was an accounting supervisor in the civil service, and felt as qualified as any American with an accounting degree! After two months of disappointments and dwindling finances, she grudgingly accepted a position as a hotel housekeeper. In that position, Ena first experienced the pains of being a black person and a member of a minority in the United States. In Grenada she never felt that she was "less than anyone" and experienced much difficulty in accepting and adjusting to a devalued minority status in the United States.

Ena was terminated after two months of employment and was unemployed for four months prior to her hospitalization. Two days prior to hospitalization, Alma had suggested that Ena return to Grenada, because she was not liking it in the United States. Despite her difficulties, Ena never considered returning to Grenada; that would be a disgrace. She said, "I come to the land of opportunity and failed? I have nothing to go back to. I give up my job." Ignoring her objections, Chance and Alma had begun to make plans to "cart me back to Grenada whether I want to or not." Unable to change their minds, Ena said, "I just lost my mind. I just could not go back, I just could not. They don't understand that. He destroy my life with his lies and now he want to throw me out. I am staying, even if I have to do it on my own."

Chance repudiated further responsibility for Ena. Five days later she was released, and she moved in with an American friend. One month postrelease she was still in the United States and employed in a nursing home. She had no further contact with Chance.

Unpreparedness for Change and Intrafamilial Conflict as a Part of the Immigration Experience. Because of the attractiveness and excitement attendant to immigrating to the United States, most immigrants experience euphoria that temporarily can obscure objectivity and judgment. Accordingly, a majority of Caribbean immigrants arrive in the United States unaware that migration and subsequent adjustment to a new situation can potentially be stressful experiences, which can result in intrafamilial conflicts. More importantly, because these conflicts frequently can occur some months postimmigration, family members rarely ascribe any importance to the move itself as a direct contributor to the family's conflicts. Rather, the consequences of the family's unpreparedness for change and conflict concomitant to immigration is often attributed to the United States culture, which is blamed for creating the family's problems (Baptiste, 1987). For example, whether or not immigrants possess marketable skills, they frequently express much anger at their inability to obtain employment in the weeks immediately following immigration, either because of normative lag time or because of the need to obtain a required license (e.g., nurses). Under these circumstances, their anger often is displaced unto the most available persons, usually family member(s). This anger in turn can create difficulties for spouses, children, and extended family members present.

Caribbean families also tend to be unprepared for the changes needed to parent Caribbean children within the American context and for the parent-child transitional conflict that such changes may engender. Many Caribbean parents erroneously believe that their cultural roles and beliefs about parent-child(ren) relationships can be transferred intact to the United States. Similarly, when one spouse moves more quickly and farther along the transitional continuum, spousal conflicts may result. In this regard, a husband may accuse his wife of being "too American" because she may be moving or has moved farther in her adjustment to the American lifestyle.

Marginality and Minority Status. Approximately 60 years ago, Stonequist (1937) observed that members of minority groups and immigrants, because of their unique situation, often live marginal lives. Consistent with Stonequist's view of "Marginal Man," most Caribbean immigrants, especially black immigrants, experience the double whammy of marginality and minority status postimmigration, because of their immigrant status and their skin color.

Marginality. Characteristically, during the cultural transition period, all immigrants, especially temporary ones, live marginal lives in the United States, at least for a while, but for most Caribbean immigrants, societal marginality can extend beyond the transitional period. Despite possessing more than a passing familiarity with U.S. culture and despite having extended kin in the United States, many Caribbean immigrants remain marginal in the American society because of cultural differences in language and accent,[5] different ways of behaving in usual and specific situations, and a lack of belonging because of American racism and xenophobia. In the Caribbean a majority of the immigrants believed themselves to be a part of a larger whole; in the United States, however, they report feeling that they are on the periphery as marginal members of the American society. In this regard, one Caribbean father in therapy summed up the situation thus: "Any country that can deport you is not yours. We can never really belong here!" In therapy, concerns about marginality are difficult to address because they are inextricably tied to Caribbean immigrants' struggles with identity development and minority status.

Minority status. A continuing debate among Caribbean people is whether or not racism exists in the Caribbean. The prevailing belief is that although classism predicated on skin color and socioeconomic differences is explicit, racism as they come to know it in the United States does not exist in the Caribbean. For this reason, most Caribbean immigrants to the United States are unprepared for life under the newly assigned status as "minority" person or family, although they were aware that other people of color, especially black Americans, are assigned a minority status. Preemigration, black Caribbean immigrants lived in societies in which lighter skin color is accorded much importance. Nevertheless, they do not perceive themselves as a disenfranchised racial minority, although they may have been disadvantaged prior to immigrating; in fact they are members of the majority population. In the United States they confront racial discrimination in the disadvantaged status of a racial minority, and feelings of disenfranchisement are not uncommon. Furthermore, the assignment of a minority status is perceived by many Caribbean immigrants as a social demotion that can severely complicate their adjustment to the United States and can also be deleterious to their overall functioning, feelings of self-worth, and sense of belonging.

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[5] In the Caribbean varieties of French and English patois are spoken (not broken English, as suggested by some observers) as well as Standard English; however, the varied accents and intonations of even Standard English speakers are not always well understood in North America.

One significant contributor to Caribbean immigrants' difficulty in accepting the minority label is a feeling of being different (Americans—black and white—perceive this as feeling superior) from black Americans. Indeed, one of the major issues that faces Caribbean immigrants in the United States is how they relate and define their relationships with African-Americans (Singham, 1990). Although black Caribbean immigrants and black Americans share some common characteristics, the former tend to perceive themselves as having greater control over their lives and are less accepting of the strictures of opportunities and mobility imposed by the U.S. society. From the perspective of most Caribbean immigrants, acceptance of a minority status is tantamount to accepting negative beliefs about themselves, but more importantly accepting an identity as a black American.

Explicit objections to being identified as a minority have created tension between Caribbean immigrants and black Americans and also have led to negative labeling of Caribbean clients and patients by American therapists. For example, many Caribbean persons who presented for therapy at a Northeastern urban mental health clinic identified themselves by national origin (e.g., Guyanese) rather than race. Questions that explicitly asked for membership in a minority group were left unanswered. The white intake person expressed frustration, because "they won't complete forms correctly," while white supervisors perceived such refusal as a rejection of their black identity and thus explicit proof of their pathology.

Lessening of Parental Authority over Children/Loss of Authority to Discipline Children. The feelings of loss of general parental authority over children and of the specific loss of authority to discipline in "their way" (with generous doses of corporal punishment) are common to Caribbean immigrant parents. Because of vastly different rules for parenting children in the United States, many Caribbean parents perceive their authority over children to have been circumscribed. In therapy, such parents complain that in raising their children within the parameters of the U.S. culture, they often feel "less like a parent" as viewed from their cultural contexts. This often leads to questions about whether they are in charge of their children, or the reverse. In the authors' experience, fathers experience the greatest difficulties with the loss of their absolute authority over children. Many express their disapproval that parental authority seems not to be as important to children in the United States as in their home country. They also lament the "permissiveness" of the American society, which they feel condones children's right to challenge parental authority. Some parents perceive their children to be "too American" in their behaviors, values, and outlook and too ready to challenge their parents' authority. In therapy, such parents often observe that raising children, especially adolescents, in the United States is analogous to "living with foreigners."

Caribbean parents involved in conflicts with the larger system often complain that governmental agencies, such as state welfare agencies, appear to be more interested in relieving parents of their parental rights, and helping children usurp parental authority, than in helping children to respect parental authority. For example, a Caribbean family was referred by the child protection agency in a large Northeastern city because of child neglect. Both parents worked the 3-to-11 shift, and the children ages 9 to 12 were left at home without direct adult supervision. A neighbor in the building "looked in on the children," and the children could call the neighbor "in case of trouble." The children were instructed "not to have friends over." However, the 12-year-old son frequently violated these instructions. On one occasion neighbors summoned the police because of the loud music coming from the apartment. Responding to the complaint, the police discovered the unsupervised minors, took them to the social services agency and arrested the parents. The parents were confused and angry about being "treated like criminals," while their son who had violated their instructions was not being punished. The social worker assigned to the case was an American of Caribbean ancestry who was sympathetic to the parents. She delayed further prosecution of the parents until their meeting with the first author. In the interim, the children were placed in foster homes. A meeting with the parents, the first author, and the social worker helped the parents to better understand the laws specific to child neglect and its application to leaving children unsupervised. Despite our understanding of their behaviors, we recommended that they follow the law. They were not prosecuted!

Arguably, Caribbean immigrant parents experience the most severe family–larger system conflicts in the domain of physically disciplining children. Different beliefs about the appropriateness of physical punishment contribute to the continuing conflict between Caribbean immigrant parents and the host U.S. culture. In the Caribbean, physical punishment is widely used as the primary mode of disciplining children. Consequently, in the United States, Caribbean immigrants accept and use physical discipline as an appropriate method of socializing and guiding children into adulthood (Thrasher & Anderson, 1988). To their dismay, they discover that physical punishment of children is not acceptable in the United States. Parents often complain of feeling restrained in their authority to discipline children "appropriately," consistent with the usual and acceptable modes of disciplining children in their native countries. As might be expected, Caribbean parents tend to be overrepresented among parents against whom allegations and charges of child abuse and neglect have been filed and convictions obtained (this is especially true in large Northeastern cities). In therapy these parents express anger and confusion regarding the devaluation of their belief about physical punishment and the punitive measures that often are taken against them for employing harsh disciplinary techniques within the United States. It is important to point out that although many child abuse allegations are made against Caribbean parents, a substantial number of these allegations are dismissed. It is equally important, therefore, that therapists be very careful in how they walk the social minefield between condemning, supporting, and empathizing with parents who are referred to them.

Metamorphosis of the Children into "Americans". One of the more recurrent issues that bring Caribbean families to therapy is parents' concern that their children, especially those who entered adolescence subsequent to emigration and those born in the United States, "immigrant Americans" (Baptiste, 1990), are becoming "Americans" in attitudes, values, and behaviors and especially in the manner in which they relate to parents (Baptiste, 1987). On one hand, these changes reflect normative separation and individuation of children from their families or origin, but within different cultural parameters, and with much more bravado than is usual in the families' home countries. On the other hand, such changes are the result of parents' and children's differential rates of adaptation to the United States and of children moving along the acculturation continuum faster and farther than parents. Unlike parents, who often remain cautious, children tend to be less restrained, and because of their malleability and impressionability, they quickly assume "American" behaviors, attitudes, and values, often to parents' displeasure. Paradoxically, although many Caribbean parents immigrated to the United States for permanent residency, they often resist children's movement into the mainstream of American culture. Parents often perceive such movements as a personal rejection or of their Caribbean values, a rejection of being, for example, Guyanese or Jamaican. In therapy many parents will disclose that they hoped to transfer and maintain intact their "Caribbean ways," especially with regard to raising children despite being in the United States. The problems these conflicts engender often extend beyond the family's boundaries and are difficult to treat in therapy, because both parents and children subtly demand the therapist's allegiance.

THERAPEUTIC STRATEGIES AND RECOMMENDATIONS FOR THERAPY STRATEGIES

As we noted previously, Caribbean immigrant families are a heterogeneous group; therefore, it is not possible to recommend therapeutic strategies applicable to all such families under all circumstances. Despite limitations, our clinical experiences with these families have shown that a therapeutic approach that incorporates structural/strategic, behavioral and transitional techniques (see Landau, 1982) can be effective. However, because of their heterogeneity and the specific problems each family brings to therapy, any theoretical approach could be effective, depending upon the particular family as well as the therapist's skills and sensitivity. The first task of therapy with such families is to communicate an understanding and acceptance of them and their system and to understand the specific point(s) around which the presenting problems are centered, such as parents' disciplinary styles. It is equally important that therapists assist families to assess the importance as well as the benefits and costs of immigration and to develop coping skills to deal realistically with the many changes (e.g., minority status) attendant to immigration. Effective therapy with Caribbean immigrant families also requires that therapists help them to understand and to affirm the positive aspects of life in the Caribbean and the possibilities in the United States. Helping family members to understand the dynamics of cultural transitions and the differential rates at which members adapt to a new culture also can be beneficial for families.

Recommendations

The following are some recommendations for effective therapy with Caribbean immigrant families.

1. ***Identify the current phase of the family's migratory process.*** Because each stage of the migratory process differentially affects each family's specific needs, it is important that in the initial interview therapists establish with the family their current stage in the migratory process. For example, families whose members immigrated in a staggered pattern often discover that the new arrival(s) are at different stages of the immigration process, and as a result their needs tend to be different from the needs of the family members who have already spent time in the United States and are differentially susceptible to postimmigration stresses and strains.
2. ***Therapists need to examine their attitudes, feelings, and beliefs about Caribbean clients.*** Because of misinformation, a lack of information, cultural differences, and institutional racism and xenophobia, many American mental health practitioners (including black Americans, as well as some acculturated Caribbean therapists) experience difficulties in working with Caribbean immigrant families. Therefore, it is important that therapists be congruent in how they feel and how they relate to these families, and be cognizant that negative attitudes can intrude upon and affect the therapeutic process and its

outcomes. The greatest assets for therapists working with these families are an awareness and appreciation of, as well as a sensitivity to, differences; it is important that they not devalue that difference.

3. ***Learn about the family's culture from the family.*** Given Caribbean families' cultural heterogeneity, it is virtually impossible for any therapist, even Caribbean therapists, to be fully knowledgeable about every island's culture. American therapists may be hindered by xenophobia or by their lack of knowledge about Caribbean people, but Caribbean therapists and their Caribbean clients may be affected negatively by attitudes and beliefs about each other's national characteristics fueled by general interisland rivalries.[6] It is especially important that therapists learn about family rules, values, and relationships and how these affect Caribbean families' interpersonal functioning. Therapists knowledgeable about one group of West Indians will be rendering the family and themselves a disservice if they attempt to transfer that knowledge uncritically to other Caribbean immigrants.
4. ***Be flexible and pragmatic in therapeutic approaches with these families.*** Therapists need to be willing to vary the timing of specific interventions with these families. They also need to modify their usual therapeutic approaches to incorporate education and information-giving to help Caribbean families develop confidence in the therapeutic process. In addition, because the adult members in these families frequently hold multiple jobs, therapists need to schedule appointments that do not conflict with work time. This can potentially ensure a higher rate of attendance at therapy sessions. Flexibility also needs to include a willingness to refer clients with minimal or no extended family supports to culturally relevant community resources and agencies. Such agencies can be important adjuncts to therapy.
5. ***Broaden the focus of therapy beyond transitional issues.*** Although post immigration transitional issues may be immediately identifiable (i.e., the presenting problem), issues of loss need to be explored. For many of these families, loss occasioned by the violation of their expectations for a wonderful life in the United States, for example, can be a greater contributor to their problems than transitional issues alone.
6. ***Female therapists need to increase their credibility with these families to overcome gender bias.*** Caribbean societies are patriarchal, and

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[6] Islanders subscribe to an informal pecking order of Caribbean countries. Inhabitants are ranked in terms of level of intelligence, for example. These hallowed verities die hard and are continued by Caribbean immigrants in the United States, Canada, and Britain. These verities affect how and with whom islanders interact and who they may consider appropriate as a dating and/or marital partner (e.g., Terry's comment, "she from St. Lucia.")

women's roles other than that of mother are devalued. As a result, many male family members often are uncomfortable with a female therapist, regardless of her skills and training in psychotherapy. Because it is not always possible to assign a male therapist, it is important that female therapists working with these families address gender bias early in the initial interview, before a disaffected member sabotages her efforts by influencing other members not to cooperate. Female therapists of color fare no better with these men than do white female therapists. It is important that female therapists who encounter gender negative behaviors in this context seek appropriate supervision to increase their chances of success with these families.

SUMMARY

Despite a cultural distrust of psychotherapy, many Caribbean immigrant families in the United States are being referred for therapy because of spousal, parent-child, or family-larger system conflicts. Many of the problems for which they are referred result from postimmigration transitional issues concomitant to immigration. Other problems are directly related to normative life cycle transitions (e.g., adolescents' separation and individuation from parents) that are accelerated by immigration and adjustment to a new culture. Caribbean parents also experience strains in their relationships with the larger system with regard to their use of physical punishment to discipline children and in their perceptions of negative impact on Caribbean values and belief systems.

Effective clinical practice with Caribbean immigrant families requires that therapists be knowledgeable about heterogeneity in cultural values and traditions among families, capably communicate to these families an understanding of their concerns, and create a therapeutic atmosphere in which immigrant families can feel valued and respected. Therapists who are flexible in their therapeutic approaches with these families, and who can shift their frame of reference from ethnocentric therapeutic modalities to the consideration of cultural and racial differences, will be more successful in working with Caribbean immigrant families and their subsystems.

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Chapter 13

Toward an Integration: Diverse Issues in Examining Caribbean Families

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A consideration of family life and socialization patterns in the Caribbean does not begin with Africans or East Indians who were brought to the region. Nor is current life in the Caribbean confined to the study of these two groups. Historical accounts paint Native peoples, including the Arawaks and Caribs, as having a highly organized system of kinship structures before they were decimated by European conquerors. Exploitation in the form of enslavement and degradation, European diseases, and Christianization all affected patterns of family life and organization upon Columbus's arrival in the "New World." The Native peoples did not survive the onslaught of European exploitation, and only a few remain today in selected regions (e.g., Guyana). Others interbred with African-Caribbean and other ethnic groups and added to the mosaic of cultural pluralism in the Caribbean (for example, the Black Caribs).

Vestiges of the legacy of colonization and exploitation can be seen in the educational systems, political structures and practices, family structures, and economic conditions of the Caribbean. The fate of Africans who were brought as slaves and East Indians who were brought as indentured servants to the Caribbean was intimately tied to racism, economic exploitation, cultural fragmentation, semblances of plural politics, and the sociopolitical influences of different colonial powers. Writers in the Caribbean have expounded on some of these issues in great detail elsewhere (see, for example, Jagan, 1966; Smith, 1988). In attempting to discuss some general practices that pertain to family life in the English-speaking Caribbean, I will expand on some of the recurring themes in this volume: family structure, child shifting and mate shifting, paternal involvement with children, psychopathology and socialization, early childhood education needs, migration within and external to the Caribbean, and some goals for future research and policies.

FAMILY STRUCTURE

The diversity of family organization patterns in the Caribbean is quite apparent in the preceding chapters. Anthropologists and sociologists, including those who contributed to this volume, have speculated about the origin and efficiency of different family arrangements for childbearing and child rearing, but far too much emphasis has been placed on the social evolution of these family forms and their inherent pathology. Too little attention is devoted to the adaptive significance of the varied family forms in the face of economic conditions, ancestral history, and cultural continuity (e.g., among East Indians, most of whom arrived between 1837 and 1917), sociocultural beliefs about child rearing (although discipline in the form of beating has received a good deal of attention), the successful and unsuccessful outcomes of multiple caregiving, and paternal affectional distance. These are all overriding issues that should prove more informative in guiding practitioners to work more effectively with families and children and to disseminate culturally-appropriate child rearing information.

This volume begins to address some of these concerns. For example, chapter 6 focuses exclusively on the child care needs of families and is quite insightful in pointing out the nurturing aspects of caregivers in child care settings, but at the same time raises some troubling concerns about the lack of cognitive stimulation and the rigidity in the day care or preschool curriculum. Likewise, chapter 7 focuses on raising children with disabilities in the Caribbean, chronicles efforts to empower parents, and urges society to confront its own frameworks on disabilities. Until quite recently, this topic received scant attention, and children with disabilities were locked away at home or in institutions. Parents felt ashamed or afraid to bring their children out in public because of personal ignorance and society's less than favorable view of individuals with disabilities.

Much more remains misunderstood about Caribbean family structures. Even though different family forms have existed for more than 150 years (e.g., visiting and common-law unions), they are still being questioned on moral grounds, and considerations of the reasons they continue to exist are rare. The cultural schema of men being the head of the household has led to misinterpretations about the roles of Caribbean women and men. The traditional role dichotomy permits juxtaposition of male against female instead of examining the complimentary nature of male–female activities within varied economic and social conditions. The assumption about men being the head of the household, even when they are not contributing economically to the family, has contributed to perceptions of the marginalized role of Caribbean men and the degradation of women's economic efforts through the creation of "matrifocality," which has clearly been seen in pathological rather than adaptive terms. The fact that Caribbean women head households should be embraced as functional in economic and parental terms. After all, some Caribbean women may place more emphasis on parental and economic than on spousal and partner roles.

Before we can even begin to speak authoritatively about Caribbean family forms, it is essential that we examine how the offspring of different unions fare with respect to developing the instrumental competency, be it technological or social intelligence, to master the environment in which they live. Regardless of the family structure, parental goals regarding the welfare and survival of children remain the same worldwide, with variations in their prioritization (see LeVine, 1988). Thus, an understanding of the ways that families achieve socialization and survival goals, rather than knowledge about the structure itself, is key to understanding Caribbean families. In this vein, families continue to evolve in a changing world economy that renders the search for cultural continuity and ancestral ties challenging. The cultural origin (India in the case of East Indians) may also be changing in important ways reflecting diverse patterns of family arrangements (see Greenfield & Cocking, 1994) and may provide less informed clues about current life in the Caribbean. Besides, practices that were brought from the countries of origin have brushed against the cultural pluralism of the Caribbean and have been altered in profound ways.

PARENTAL INVOLVEMENT

Historically, both literary works and social science studies have depicted the Caribbean male as assuming a marginal role in child rearing. In addition, despite recent reports (Brown, Anderson, & Chevannes, 1993; Roopnarine et al., 1995; Wilson, 1989) that document levels of participation between Caribbean men and children that are comparable to those of men in other parts of the world, there is skepticism about Caribbean men as fathers. Perhaps this emerges out of concerns raised about the sociocultural contexts in which mating and child rearing occur and prevailing beliefs about the role of men in Caribbean societies (see chapter 4, this volume).

As interest in father–child relationships and their implications for children's personality and cognitive development increases, researchers are turning to nontraditional theories to guide their investigations of paternal involvement and its possible outcomes for child development. The biosocial perspective, in particular, has become a central force in work on paternal investment with young children (see Hewlett, 1992). Within this framework, emphasis is on reproductive versus parenting interest. On the surface this approach appears quite useful in analyzing Caribbean men as fathers, given that some African-Caribbean men find a good deal of pride in biological fatherhood but remain distant from direct care of children (Brown et al., 1993). Do Caribbean men expend more effort in securing potential mating partners than in the parenting of their offspring? How much energy do they display in caring for nonbiological children?

In order to better understand the state of Caribbean fatherhood, we must first attend to the concept of paternity certainty and individual variations in father involvement in the different ethnic groups in the Caribbean. The structural dynamics within which fatherhood is exercised varies among African-Caribbean, Chinese-Caribbean, and Indo-Caribbean men. As was discussed in chapters 1, 2, and 4 of this volume, among African-Caribbean men, biological fatherhood may be accomplished in several unions, which increases doubt about paternity certainty. Indeed, the concept of *jacket* in Jamaica insinuates the lack of certainty about who the biological father of an offspring may be. In the other two ethnic groups, who subscribe to more conservative views about marriage and mating, paternity is more likely to occur in monogamous relationships. Does this mean then that Indo- and Chinese-Caribbean men are more inclined to be involved with their children than are African-Caribbean fathers? The answer to this question is unclear; however, from preliminary data, this does not seem to be the case. While Indo-Caribbean men are more likely to become fathers in marital unions, thereby increasing the chances of paternity certainty, their level of involvement with children remains low. Their role as father is steeped in filial piety and male dominance, which predispose them to being austere and distant toward children, especially daughters. In this case, I would argue that paternity certainty may have little to do with Indo-Caribbean men's investment in early caregiving and, in view of economic conditions in the Caribbean, their ability to provide for children economically. By contrast, the mating patterns of African-Caribbean men would suggest that they would be less inclined to care for children considering mate shifting, child shifting, and the number of outside or nonbiological children they may have fathered. Data on North American men point to limited paternal involvement when reproductive viability is low, and men's interest in caring for nonbiological children for altruistic reasons seems limited (Lancaster, 1991). African-Caribbean fatherhood is not solely based on paternity certainty or mating effort, however. Fatherhood in the Caribbean in general should be viewed from a sociohistorical perspective, namely, patterns of family organization that were affected by and evolved out of slavery and indentured servitude, economic and social conditions in the Caribbean, and cultural beliefs about "motherhood," "wifehood," and "fatherhood."

The little that we do know about fatherhood in the Caribbean suggests that men have been viewed as marginal to the socialization of children. This portrait may not tell the whole story, however. At the moment we are a considerable distance from teasing out the multiple roles of Caribbean men in caring for biological and nonbiological offspring.

PSYCHOPATHOLOGY

In the domain of clinical issues and childhood development, two salient practices remain troublesome. Caribbean parents overwhelmingly support the biblical injunction "Spare the rod and spoil the child." It is believed that harsh physical punishment is an effective way of getting children to be obedient while simultaneously wrenching the "badness" out of them (Arnold, 1982; Wint & Brown, 1988). Parents are largely unaware of the harmful psychological effects of such beatings on children and often do not realize that severe physical punishment is abusive. In view of such widespread sanction and use of physical punishment in the Caribbean, it is incumbent upon researchers and social service and clinical workers to assess how the severity and different amounts of punishment affect the well-being of children. As Leo-Rhynie discussed in her chapter in this volume, within families there often are few privileges to withdraw and little time to reason with children. In the absence of sound knowledge of appropriate parenting practices, adults rarely redirect the child or display affection, whether at home or in school. The link between poor parental management strategies and harsh discipline has been fairly well established in other cultures (Patterson, DeBarsyshe, & Ramsey, 1989).

The practice of child shifting, intimately tied to family structure, deserves attention too. While grandparent families are highly functional and "fosterage" is accepted and widely practiced in the Caribbean, a sizable number of children change residences and/or family living situations far too often. The consequences of instability in living arrangements is highlighted by Crawford-Brown in chapter 8. The affectional distance from parents, and instability in living arrangements were linked to juvenile delinquency. Of interest here is the opportunity for young children to develop strong enduring attachment bond(s) with warm caregivers that may help to inoculate them against antisocial activities later on. It is not so much that child shifting in and of itself is devastating, but it appears that social contacts with parents and good adult models are essential to children's well-being in situations in which they are separated from biological parents for extended periods of time.

As is noted in chapter 11, child abuse is receiving greater attention in the Caribbean region. Likewise, domestic violence is being addressed by the passage of laws that attempt to attenuate the incidence of spousal/partner abuse (in Jamaica and Trinidad, for example). However, these issues still go unaddressed in most of the Caribbean, and counseling services and mental health programs are generally very limited.

EARLY CHILDHOOD EDUCATION

Dominated historically by the British influence in schooling, the English-speaking Caribbean has made strides to make early childhood practices more culturally appropriate. The rates of preschool and other early childhood program enrollment are noted in chapters 1 and 6. Any discussion of early childhood education efforts must be considered within economic constraints and the lack of highly skilled personnel. Yet it is realized that successful education begins in the early years of childhood. However, high-quality educational programs that are child centered and socially and cognitively enriching require a sound financial base. Consider for a moment how challenging this is for some governments of the Caribbean to accomplish, when the employment and inflation rates are high and basic human needs of many are barely met.

The early childhood education needs and goals of the various Caribbean countries are not unlike those discussed by McDonald in chapter 6. Let me reiterate some of these goals.

1. Comprehensive preschool enrollment with adequate provisions of day care for dual-worker and single-parent families.

2. Child-centered-driven educational philosophies that encourage creativity and imaginative tendencies, play, social and cognitive enrichment, inclusion of children with disabilities, democracy in the classroom, and culturally appropriate materials and goals.
3. Well-trained professionals and paraprofessionals with requisite knowledge of appropriate parenting practices, basic child development, and curricular issues. Some staff should possess knowledge of nutrition, hygiene, and pre- and postnatal care.
4. Community liaison workers who help to cement ties between parents/community and early childhood programs.
5. A parent education component accompanying early childhood education.
6. Center-based training of paraprofessionals.

While these goals seem out of reach of some countries, the very basis of economic growth and political stability requires a commitment to developing an educated populace. Progress in these goals has been attained by some countries, and must remain a priority for all.

INTERNAL AND EXTERNAL MIGRATION

Political oppression and economic conditions in the Caribbean have contributed to the exodus of large numbers of Caribbean people to North America and Europe and to travel within the Caribbean or within the country in search of a better life. These two migratory patterns present some overlapping problems for families and children. The issue of separation and reunification and their complex problems are addressed to some degree in chapters 10 and 11. Data on the length of separation and the quality of care of children during absences from parents remain sparse. For both internal and external migrants, families face transitional difficulties that may stem from parental separation, developing ties to new caregivers, and reuniting with parents after years of separation. External migrants face challenges in the expression of ethnicity and ethnic identity in other countries, and developing multiple cultural schemas to cope with the demands of the host culture. Migration to other cultures may force families and children to construct coalitional identities or to display segmental assimilation, depending on contact with dominant and other ethnic groups (Rumbaut, 1995; Visweswaran, 1993).

Related to the migration process and adjustment are Caribbean parenting practices and behavioral expectations of children that may clash with those of white Europeans and North Americans. Discipline techniques tend to be harsher among West Indian parents, and young children are expected to be totally obedient to their parents. As is pointed out in chapter 12, these practices do create intergenerational conflicts and, in the case of physical punishment, they may land some parents in trouble with the social service system. In addition, the schooling of immigrant children in predominantly white societies presents unique challenges for parents and school systems. Attempts to fuse parental definitions of achievement and conduct with those of the Eurocentric school system can create cultural dissonance.

Whether the migration is internal or external, a sizable number of children are raised without their mothers for unspecified varying durations. This phenomenon, which may be an offshoot of serial migration and economic conditions, when coupled with paternal distance may exacerbate the adjustment difficulties associated with attachment and separation from caregivers. In chapter 8, Crawford-Brown demonstrates a link between a lack of social contacts with mothers and juvenile delinquency. Although her data are suggestive, they may be an early warning signal of the long-term consequences of limited contacts with mothers. Up to now, mothers have been the anchoring force in families in which fathers have been peripheral to family life.

RECOMMENDATIONS FOR FUTURE RESEARCH AND POLICIES

Suggestions for future research and the development of policies have been made throughout this volume. Let me recast some of the more pressing issues that warrant further research attention in order to generate data that may assist in developing policies and programs for Caribbean families and children. These recommendations are made with the understanding that Caribbean family structure and socialization patterns are not static. Furthermore, research paradigms and theories that have guided the study of families in North American and European societies may be largely inapplicable to studies of Caribbean families. The ancestral and sociocultural histories, enduring nature of diverse family systems, sociopolitical experiences, and economic conditions across the Caribbean differ in important respects from those of white families in North America and Europe but not necessarily from other nonwhite groups in these societies. Family studies in the United States has its origins in European traditions. When nonwhite families are presented, it is often from a cultural-biological difference or deficit structure view that pathologizes deviation from white family norms and practices. Thus a literature grounded in this tradition may prove inadequate for formulating research investigations on Caribbean families. With these caveats in mind, herewith are some areas rich for exploration.

1. Research on the long-term consequence of multiple caregiving on academic and social development. Most notably, the number of caregivers, the duration of stay with each caregiver, and the quality of caregiver-child relationship.
2. Paternal investment with children and its implication for children's academic and social development within married couples, friending relationships, and common-law relationships across ethnic groups. The nature of fathers' investment with biological and nonbiological offspring.
3. Basic cultural beliefs about child rearing, childbearing, motherhood, fatherhood, and partner/spousal relationships across different ethnic groups.
4. The impact of mate shifting and child shifting on the mental health and academic achievement of children.
5. The impact of harsh punishment and poor parental management strategies on children's cognitive and social development.
6. The impact of enrollment in day care and preschool on the transition to formal schooling and to school performance.
7. The influence of poverty and joblessness on men's and women's ability to care for children, physically and emotionally.
8. Parent-child and sibling relations in families with children with disabilities.
9. The adjustment of children and parents to migration in the Caribbean and to other countries.

At the policy level, individual countries need to develop comprehensive early childhood programs that are child centered, inclusive, and culturally appropriate, and which focus on training professionals and paraprofessionals to administer such programs. Also needed are family policies that focus on the mental health of children, individuals with disabilities, issues of domestic violence, sexual abuse, abandoned children, and poverty. Far more attention should be focused on the legal rights of children and women in friending and common-law relationships and the development of counseling agencies that focus specifically on problems within families. Last, social policies and laws must support as well as hold men accountable for economic, social, and intellectual responsibilities to their children.

In this volume, we attempted to provide some wide ranging issues that influence patterns of socialization and family life in the English-speaking

Caribbean. In this effort, we hope that the reader will find the information useful in embracing the quest to understand the diverse structures and roles of the varied families who constitute the human family.

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